



Urban District of Rothwell

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ACKD. BY
[Signature]

ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.)

1962

WAKEFIELD

W. H. MILNES (SUCCS.) LTD.



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ROTHWELL URBAN DISTRICT COUNCIL

* * *

Chairman of the Council:

Councillor S. Arran.

Vice-Chairman:

Councillor A. Newton.

* * *

Public Health Committee:

Chairman: Councillor H. Wright.

Vice-Chairman: County Councillor Mrs. D. Hardwick.

Councillor S. Arran.

Councillor W. H. Banks.

Councillor R. H. Free.

Councillor C. Gosney.

Councillor Mrs. R. Lund.

Councillor W. T. Scott.

Councillor A. M. Waring.

Councillor E. Wainwright.

PUBLIC HEALTH OFFICERS

Medical Officer of Health (Part-time) :

DR. A. L. TAYLOR, M.D., D.P.H.

Deputy Medical Officer of Health :

DR. R. M. BOWKER, M.B., Ch.B., D.P.H.

Senior Public Health Inspector :

T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.,
Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspectors :

G. F. IDLE, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.,
Certified Meat Inspector.

N. KILBURN, A.I.Hsg., M.A.P.H.I.,
Certified Meat Inspector.

Trainee Inspector :

M. HALL.

Clerk :

Mrs. B. SPINDLEY.

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health,

1962

To the Chairman and Members of the
Rothwell Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

In presenting my Report for 1962 I am glad to tell you at the outset that you will find the Report satisfactory in almost every respect. The Birth Rate continues to rise and the general level of community prosperity has been maintained, and even enhanced during the year.

Tuberculosis resumed its downward incidence after the slight setback of last year.

At the time of writing, the Mental Welfare Occupation Centre has been completed and taken over, and is to be opened in the very near future. The Mental Health Service in general is gradually taking its permanent shape and later in the Report I will include comments by the Senior Mental Welfare Officer.

No major change in the administrative machine of the Public Health Service in your area has been made and relationships with yourselves, with colleagues in surrounding areas, and with other branches of the social services, have remained excellent. It is a pleasure to express my thanks to yourselves and to the Clerk and Senior officials of the Council for the many kindnesses which I have received at your hands during the year.

Once again, Mr. Wilson and the staff of the Public Health Department have fulfilled every mission and

accepted every request with the utmost promptitude, efficiency and courtesy.

I hope that your perusal of my Report will act as a stimulus to your interest, and that you will find that the facts and figures related therein show a satisfactory picture of public health and wellbeing in your area.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

ROTHWELL URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1962

| | | | | |
|--|-----|-----|-----|----------|
| Area in Acres | ... | ... | ... | 10,695 |
| Registrar General's Estimate of Population for 1962 | | | | 26,030 |
| Number of Inhabited Houses, 1962, according to Rate Book | ... | ... | ... | 8,674 |
| Rateable Value, Year commencing 1.4.62 | | | ... | £266,955 |
| Net Product of a Penny Rate, Year commencing 1.4.62 | | | | £1,035 |

VITAL STATISTICS IN 1962

| | | | | M. | F. | Total |
|---------------------|-----|-----|-------|-------|-------|-------|
| Live Births. | | | | | | |
| Legitimate | ... | ... | ... | 225 | 195 | 420 |
| Illegitimate | ... | ... | ... | 6 | 7 | 13 |
| | | | | <hr/> | | |
| | | | Total | ... | 231 | 202 |
| | | | | | 433 | |
| | | | | | <hr/> | |

Live Birth Rate per 1,000 population (adjusted) 17·3

Still Births.

| | | | | | | |
|--------------|-----|-----|-------|-------|-------|---|
| Legitimate | ... | ... | ... | 3 | 3 | 6 |
| Illegitimate | ... | ... | ... | — | — | — |
| | | | | <hr/> | | |
| | | | Total | ... | 3 | 3 |
| | | | | | 6 | |
| | | | | | <hr/> | |

Still Birth Rate per 1,000 live and still births 13·69

Birth Rate (live and still) per 1,000 of the estimated resident population (adjusted) 17·53

Deaths.

| | | | | M. | F. | Total |
|--|-----|-----|-----|-----|------|-------|
| All Ages | ... | ... | ... | 191 | 217 | 408 |
| Death Rate per 1,000 of the estimated resident population (adjusted) | ... | | | | 13·3 | |

| | M. | F. | Total |
|---|-----|-----|-------|
| Deaths of Infants under 1 year ... | 7 | 3 | 10 |
| Death Rate of Infants under 1 year :— | | | |
| All Infants per 1,000 live births ... | | | 23·1 |
| Legitimate Infants per 1,000 legitimate live births ... | | | 23·81 |
| Illegitimate Infants per 1,000 illegitimate live births ... | | | 0·0 |
| Neo-natal Mortality Rate per 1,000 live births | | | 20·79 |
| Illegitimate live births per cent. of total live births | | | 3·0 |
| Deaths from Diarrhoea (under 2 years of age) | | | 1 |
| Rate per 1,000 population ... | ... | ... | 0·04 |
| Rate per 1,000 live births ... | ... | ... | 0·0 |
| Deaths from Measles (all ages) ... | ... | ... | 0 |
| Deaths from Whooping Cough (all ages) ... | ... | ... | 0 |
| Deaths from Cancer (all ages) ... | ... | ... | 60 |

Maternal Mortality.

| | | |
|--|-----|-----|
| Deaths ... | ... | Nil |
| Rate per 1,000 (live and still) births | ... | 0·0 |

District Death Rate.

The Death Rate of 13·3 is based on the total number of deaths occurring in the District, including 94 at St. George's Hospital, Rothwell, and is arrived at after adjustment according to the Comparability Factor supplied by the Registrar General.

RECORD OF DEATHS IN AGE GROUPS, 1962

| Age | District | | St. George's Hospital | | Total | |
|---------------------|----------|-----|-----------------------|----|-------|-----|
| | M. | F. | M. | F. | M. | F. |
| Under 1 year ... | 7 | 3 | — | — | 7 | 3 |
| 1—5 years ... | 3 | 2 | — | — | 3 | 2 |
| 5—10 „ ... | 2 | — | — | — | 2 | — |
| 10—15 „ ... | 1 | — | — | — | 1 | — |
| 15—20 „ ... | 1 | — | — | — | 1 | — |
| 20—25 „ ... | 2 | 1 | — | — | 2 | 1 |
| 25—35 „ ... | 2 | 1 | — | — | 2 | 1 |
| 35—45 „ ... | 3 | 2 | — | — | 3 | 2 |
| 45—55 „ ... | 21 | 13 | — | — | 21 | 13 |
| 55—65 „ ... | 32 | 15 | 2 | 1 | 34 | 16 |
| 65—70 „ ... | 30 | 18 | — | 6 | 30 | 24 |
| 70—75 „ ... | 22 | 18 | 2 | 4 | 24 | 22 |
| 75—80 „ ... | 22 | 25 | 5 | 21 | 27 | 46 |
| 80—85 „ ... | 19 | 19 | 4 | 16 | 23 | 35 |
| 85—90 „ ... | 8 | 12 | 2 | 20 | 10 | 32 |
| Over 90 years... .. | 1 | 9 | — | 11 | 1 | 20 |
| Totals ... | 176 | 138 | 15 | 79 | 191 | 217 |

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1962

| | | | | Urban District of Rothwell | Aggregate of Urban Districts | Aggregate of Rural Districts | West Riding Admin. County | England and Wales |
|----------------------|----|---------------|----|----------------------------------|------------------------------------|------------------------------------|------------------------------------|-------------------------|
| Population | .. | .. | .. | 26,030 | 1,200,410 | 476,850 | 1,677,260 | * |
| Births | { | Live | .. | 433 | 21,010 | 8,782 | 29,792 | * |
| | | Still | .. | 6 | 385 | 176 | 561 | * |
| | | Total | .. | 439 | 21,395 | 8,958 | 30,353 | * |
| Deaths of Infants | { | Under 1 week | | 7 | 270 | 125 | 395 | * |
| | | Under 4 weeks | | 9 | 322 | 145 | 467 | * |
| | | Under 1 year | | 10 | 479 | 216 | 695 | * |
| Deaths (all causes) | .. | .. | .. | 408 | 15,218 | 4,843 | 20,061 | * |

CRUDE AND ADJUSTED RATES

| | | | | | | | | |
|---|----|----|----|------|------|------|------|------|
| Live Birth | .. | .. | .. | 16.6 | 17.5 | 18.4 | 17.8 | 18.0 |
| Adjusted Live Birth | .. | .. | .. | 17.3 | 17.7 | 18.2 | 17.8 | * |
| Death (All causes) | .. | .. | .. | 15.7 | 12.7 | 10.2 | 12.0 | 11.9 |
| Adjusted Death | .. | .. | .. | 13.3 | 13.4 | 12.6 | 13.3 | |
| Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D. | .. | .. | .. | 0.12 | 0.04 | 0.04 | 0.04 | * |
| Tuberculosis, Respiratory | .. | .. | .. | 0.04 | 0.05 | 0.03 | 0.05 | 0.06 |
| Tuberculosis, Other | .. | .. | .. | — | 0.01 | 0.00 | 0.01 | 0.01 |
| Tuberculosis, All Forms | .. | .. | .. | 0.04 | 0.06 | 0.03 | 0.05 | 0.07 |
| Cancer | .. | .. | .. | 2.31 | 2.14 | 1.65 | 2.00 | 2.18 |
| Vascular lesions of Nervous system | .. | .. | .. | 3.57 | 1.97 | 1.52 | 1.84 | * |
| Heart and Circulatory Disease | .. | .. | .. | 4.84 | 4.84 | 3.87 | 4.56 | * |
| Respiratory Diseases | .. | .. | .. | 2.57 | 1.62 | 1.25 | 1.52 | * |
| Maternal Mortality | .. | .. | .. | — | 0.09 | 0.45 | 0.20 | 0.35 |
| Stillbirths | .. | .. | .. | 13.7 | 18.0 | 19.6 | 18.5 | 18.1 |
| Perinatal Mortality | .. | .. | .. | 29.6 | 30.6 | 33.6 | 31.5 | * |
| Neo-natal Mortality | .. | .. | .. | 20.8 | 15.3 | 16.5 | 15.7 | 15.1 |
| Infant Mortality | .. | .. | .. | 23.1 | 22.8 | 24.6 | 23.3 | 21.4 |

* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.

COMMENTS ON STATISTICAL DATA

It was perhaps too optimistic to expect that last year's Infantile Mortality Rate of 15.19 per thousand births could be maintained. This year there has been a slight increase to a rate of 23.1, which is about average for the country. A glance at the table showing the causes will make it clear to you that almost all the deaths occurred in the the neo-natal period, that is to say in the first week of life, and that these were, in every instance, due to causes over which at present there is no known control.

The Death Rate at 13.3 per thousand of the population is average for the country.

Lung cancer continues to increase and in 1962 was responsible for no fewer than 14 deaths of whom 11 were males. Anyone who is prepared to argue that there is no connection between cigarette smoking and lung cancer is quite obviously failing in realism. There is not the slightest doubt of the connection, and it is significant that 11 of the 14 deaths occurred in males. Men have been over former years, the heavier smokers. I am afraid that unless there is a considerable diminution in the number of cigarettes smoked by members of both sexes, future years will show a steady increase in the incidence of lung cancer in both males and females as the present-day smoking habits of some women begin to take their toll. It is tragic that the incidence of lung cancer tends to occur in the 50-year age group, a period in life which normally should have an expectation of at least a further 20 years of healthy and enjoyable existence.

It is interesting to note that at any meeting of doctors nowadays, the cigarette smoker is in the minority, and that on many occasions on which 50 or more doctors have been present I have observed only one or two to smoke a cigarette.

No maternal death occurred during the year.

The incidence of Infectious Disease was very slight indeed and there was no epidemic of any kind.

It may be stated that with the exception of lung cancer, the statistics reported herein can be considered satisfactory.

CAUSES OF DEATH IN THE ROTHWELL URBAN DISTRICT, 1962.

| CAUSE OF DEATH | | | | MALES. | FEMALES. |
|--|---|----|----|--------|----------|
| All Causes | | | | 191 | 217 |
| 1. | Tuberculosis, respiratory | .. | .. | 1 | .. |
| 2. | Tuberculosis, other | .. | .. | .. | .. |
| 3. | Syphilitic disease .. | .. | .. | 2 | .. |
| 4. | Diphtheria .. | .. | .. | .. | .. |
| 5. | Whooping Cough .. | .. | .. | .. | .. |
| 6. | Meningococcal infections | .. | .. | .. | .. |
| 7. | Acute Poliomyelitis | .. | .. | .. | .. |
| 8. | Measles .. | .. | .. | .. | .. |
| 9. | Other infective and parasitic diseases | .. | .. | 1 | .. |
| 10. | Malignant neoplasm, stomach | .. | .. | 8 | 5 |
| 11. | Malignant neoplasm, lung, bronchus | .. | .. | 11 | 3 |
| 12. | Malignant neoplasm, breast .. | .. | .. | .. | 2 |
| 13. | Malignant neoplasm, uterus .. | .. | .. | .. | 3 |
| 14. | Other malignant and lymphatic neoplasms | .. | .. | 16 | 12 |
| 15. | Leukaemia, aleukaemia .. | .. | .. | .. | .. |
| 16. | Diabetes .. | .. | .. | .. | 1 |
| 17. | Vascular lesions of nervous system | .. | .. | 30 | 63 |
| 18. | Coronary disease, angina .. | .. | .. | 31 | 36 |
| 19. | Hypertension with heart disease | .. | .. | 4 | 2 |
| 20. | Other heart disease .. | .. | .. | 12 | 24 |
| 21. | Other circulatory disease .. | .. | .. | 10 | 7 |
| 22. | Influenza .. | .. | .. | .. | 1 |
| 23. | Pneumonia .. | .. | .. | 12 | 24 |
| 24. | Bronchitis .. | .. | .. | 20 | 9 |
| 25. | Other disease of the respiratory system | .. | .. | .. | 1 |
| 26. | Ulcer of stomach and duodenum | .. | .. | 3 | .. |
| 27. | Gastritis, enteritis and diarrhoea | .. | .. | 1 | 5 |
| 28. | Nephritis and nephrosis .. | .. | .. | 1 | .. |
| 29. | Hyperplasia of prostate .. | .. | .. | .. | .. |
| 30. | Pregnancy, childbirth, abortion | .. | .. | .. | .. |
| 31. | Congenital malformations .. | .. | .. | 3 | 2 |
| 32. | Other defined and ill-defined diseases | .. | .. | 10 | 12 |
| 33. | Motor vehicle accidents .. | .. | .. | 4 | 2 |
| 34. | All other accidents .. | .. | .. | 9 | 2 |
| 35. | Suicide .. | .. | .. | 2 | 1 |
| 36. | Homicide and operations of war | .. | .. | .. | .. |
| Live Births. | Total | .. | .. | 231 | 202 |
| | Legitimate | .. | .. | 225 | 195 |
| | Illegitimate | .. | .. | 6 | 7 |
| Still-Births. | Total | .. | .. | 3 | 3 |
| | Legitimate | .. | .. | 3 | 3 |
| | Illegitimate | .. | .. | .. | .. |
| Deaths of Infants under 1 year of age. | Total | .. | .. | 7 | 3 |
| | Legitimate | .. | .. | 7 | 3 |
| | Illegitimate | .. | .. | .. | .. |
| Population | | | | 26,030 | |
| Comparability Factors :— | | | | | |
| Births | | | | 1.04 | |
| Deaths | | | | 0.85 | |

INFANT MORTALITY IN 1962

Deaths from Stated Causes under One Year of Age

| CAUSE OF DEATH. | Under 1 Week. | 1—2 Weeks. | 2—3 Weeks. | 3—4 Weeks. | Total under 1 Month. | 1—3 Months. | 3—6 Months. | 6—9 Months. | 9—12 Months. | Total under 1 Year. |
|---|---------------|------------|------------|------------|----------------------|-------------|-------------|-------------|--------------|---------------------|
| Meningitis } | | | | | | | | | | |
| Meningomyelocele } | 1 | - | - | 2 | 3 | - | - | - | - | 3 |
| Congenital abnormality } | | | | | | | | | | |
| Asphyxia } | | | | | | | | | | |
| Atelectasis } | 4 | - | - | - | 4 | - | - | - | - | 4 |
| Prematurity } | | | | | | | | | | |
| Baby born to diabetic mother } | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Macrosonia } | | | | | | | | | | |
| Acute cardiac failure } | 1 | - | - | - | 1 | - | - | - | - | 1 |
| Congenital heart disease } | | | | | | | | | | |
| Hepatic insufficiency } | - | - | - | - | - | - | - | - | 1 | 1 |
| Congenital absence of bile duct } | | | | | | | | | | |
| Totals .. | 7 | - | - | 2 | 9 | - | - | - | 1 | 10 |

INFANT DEATHS PER THOUSAND LIVE BIRTHS

| 1913—1922 | | 1923—1932 | | 1933—1942 | | 1943—1952 | | 1953—1962 | |
|-------------------|-----|------------------|------|------------------|------|------------------|------|-------------------|-------|
| 1913 | 139 | 1923 | 82 | 1933 | 77·8 | 1943 | 42·2 | 1953 | 28·3 |
| 1914 | 120 | 1924 | 112 | 1934 | 50 | 1944 | 40 | 1954 | 44·4 |
| 1915 | 125 | 1925 | 72 | 1935 | 38 | 1945 | 51·7 | 1955 | 35·6 |
| 1916 | 85 | 1926 | 74·2 | 1936 | 57 | 1946 | 56 | 1956 | 32·0 |
| 1917 | 142 | 1927 | 65·0 | 1937 | 68 | 1947 | 49·6 | 1957 | 16·1 |
| 1918 | 84 | 1928 | 71·7 | 1938 | 65 | 1948 | 38·8 | 1958 | 30·23 |
| 1919 | 61 | 1929 | 89·3 | 1939 | 42·4 | 1949 | 52·7 | 1959 | 19·34 |
| 1920 | 83 | 1930 | 31·0 | 1940 | 43 | 1950 | 35·0 | 1960 | 23·88 |
| 1921 | 86 | 1931 | 72·2 | 1941 | 50·8 | 1951 | 21·3 | 1961 | 15·19 |
| 1922 | 90 | 1932 | 40·9 | 1942 | 37·2 | 1952 | 31·7 | 1962 | 23·1 |
| Average— 101·5 | | Average— 71·0 | | Average— 52·9 | | Average— 41·9 | | Average— 26·81 | |

Details of STILLBIRTHS for the past five years

| Year | No. of Live Births | No. of Still-Births | Proportion of Stillbirths per 100 Live Births |
|------|--------------------|---------------------|---|
| 1958 | 397 | 8 | 2·0 |
| 1959 | 362 | 14 | 3·0 |
| 1960 | 335 | 8 | 2·4 |
| 1961 | 395 | 8 | 2·0 |
| 1962 | 433 | 6 | 1·4 |

Details of NEO-NATAL DEATHS for the past five years

| Year | No. of Live Births | No. of Neo-Natal Deaths | Proportion of Neo-Natal deaths per 100 Live Births |
|------|--------------------|-------------------------|--|
| 1958 | 397 | 10 | 2·5 |
| 1959 | 362 | 7 | 1·9 |
| 1960 | 335 | 7 | 2·0 |
| 1961 | 395 | 6 | 1·6 |
| 1962 | 433 | 7 | 1·6 |

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

With slight modifications these have continued unchanged. The population of the total Health Division still tends to rise, largely as a result of development in a neighbouring Urban District. Co-operation with general practitioners, Hospitals, Divisional Education Officers and Divisional Welfare Officers has remained excellent.

There is a continually increasing amount of clerical work, but in spite of this the staff have coped admirably and it has not, so far, been necessary to ask for an increase in establishment. At the same time, it is necessary to point out that there is a limit to the amount of work which can be undertaken by a fixed number of clerical workers who are already almost fully extended. As each new service is introduced it inevitably carries with it a very considerable attendant volume of work, both of correspondence and of record keeping. So far this has been absorbed, but a time inevitably will come when increased establishment will have to be sought.

We have managed to maintain adequately our establishment of domiciliary nurses and in this respect are more fortunate than some neighbouring Health Divisions. The midwifery section has been hit by illness to some extent, but at the time of writing we are almost back to normal and difficulties are easing.

There has been some small backlog of work accumulating in the field of Ophthalmology, but we are fortunate in having been able, from time to time, to arrange for extra sessions and we are managing to keep up with the pressure of work. It is only fair to point out that the larger volume of work is due to a change in the method of School Medical Inspections which results in earlier ascertainment of visual defect, rather than to any increase in the total percentage of school children needing attention. I feel that the present "bulge" will diminish during the next year or so and we shall be able to cope with our normal quota of ophthalmic sessions.

Dr. Pickup still attends at a special monthly clinic and deals efficiently and courteously with cases referred from various sources including the local general practitioners.

We have been fortunate, too, in that we have retained the services of a competent and conscientious Speech Therapist.

The Dental Clinic is still in full swing at Carlton Lane and Mr. Sleight still remains the Dental Surgeon in charge.

The relatively newly formed Mental Health section has continued to build up its activities and deals with a constantly growing volume of work. Later in the Report the Senior Mental Welfare Officer will give his comments on the present state of the Service.

SCHOOL MEDICAL SERVICE

The usual tables relating to the School Medical Service in the whole of the Divisional area are set out in the following pages.

You will remember that in my last Report I mentioned that non-routine medical inspections were being introduced on an experimental basis and that an assessment of the relative merits and demerits of both methods would be possible after a few years' experience. For your information, I have asked Dr. Bowker, Senior Assistant County Medical Officer, to give a short account of the system now being tried. Dr. Bowker has been almost entirely responsible for the introduction of this innovation in school medical inspections in this Divisional area. She is intensely interested, and has a very close liaison with the Head Teachers in the area. I am greatly indebted to her for the short account which now follows.

“In 1953, the Minister of Education approved alternative arrangements for the periodic medical inspection of school children, and the Regulations were further modified in 1959. This freedom to experiment was accepted by your Medical Officer of Health and a scheme for the selective medical examinations of school children in your District has been in operation for one year.

“Before the experiment was launched, all head teachers were interviewed personally and almost without exception they expressed approval of the scheme and all signified their willingness to participate. During the year the medical staff have been very appreciative of their sustained interest and support.

“The routine medical examination of all school entrants and leavers remains. In the latter regard I should like to mention the working relationships between the medical and youth employment Staffs. It is a function of preventive medicine to lead the adolescent away from the type of work which would be injurious to health. Though the final responsibility naturally rests with parents, most are now ready to accept such advice.

“In the intermediate school years, the ages of 7 and 10 remain as the basis for a general review. The vision of all children is re-tested at these ages and it is hoped to

start routine hearing tests for the same groups shortly. These apart, routine medical examination of all children has been replaced by a "non-routine" or selective examination which obviates the necessity for spending time on robust and healthy children.

"It is obvious that the choice of children to be seen is most important and it is here that the clinical judgment of the school doctor, the concern of the parent, together with the observation and acumen of the head and class teachers and the school nurse must combine. Referrals for examination must, therefore, come from all these sources and this makes for a new awareness by all who are concerned with the child's well-being.

"The basis of a school medical list is the Health Summary form which is sent to parents of all children in these two age groups. These summaries, except in a very few instances, have been carefully completed. If the school doctor is not satisfied with the coverage, the child would certainly be seen.

"The school doctor scrutinises all replies, which are confidential, and then, in conjunction with earlier findings on the child's school medical record card, decides which children should be invited to attend for examination.

"I may say that the general question "Have you any special worries about your child ?" has resulted in some most revealing pointers and requests for help. Parental co-operation is well demonstrated by the fact that almost 11% of examinations have been made as the result of such requests, whereas 23% of the children have been called by decision of the school medical officer. 62% of the children in these age groups have been deemed not to require examination.

"Head-teachers and school nurses make their contribution to the school medical list, not only at these age groups, but in respect of any child whose health is giving cause for concern. I am confident that as the scheme develops, more referrals will come from teachers who are in an excellent position to note any seemingly minor deviations from a happy and progressive normality in their pupils.

"It cannot be too strongly stressed that the aim of the Service is to discover any medical reason for a child's

inability to make full use of and derive full enjoyment from the educational facilities provided. Physical handicaps of all types, disabilities and illnesses which cause chronic or recurring absence, the thwarting effects of inadequate school progress, emotional disturbances which lead to aggression or withdrawal or which are transferred to physical symptoms, inability to take part in physical education: all these should receive early attention and study.

“In the scheme, medical lists are shorter, since every child presents a problem of greater or lesser degree which in the context of his school life needs to be investigated. It has become clearer that some children require a deeper assessment, particularly in respect of psychological disturbances or inability to make satisfactory school progress, than has hitherto been possible.

“The benefits which have emerged from a year’s working of the scheme may be listed as a more fruitful allotment of the medical officer’s time, an even closer and more appreciative liaison between medical and teaching staffs, a more active participation by the parents, and pre-eminently, the recognition of further possibilities in constructive medical care within the framework of the service.

“The experiment continues.”

Our relationship with the Divisional Education Officers and their staffs has continued an extremely happy one.

The acceptance rate for the various procedures of immunisation continues good and bears comparison with other parts of the County Council’s area. We realise that only 100 per cent. acceptance can be considered perfect and strive constantly to attain as nearly as possible this virtually impossible goal.

SCHOOL MEDICAL SERVICE

MEDICAL INSPECTION AND TREATMENT

1962

| Age Groups Inspected (by years of birth) | No. of Pupils inspected | Physical condition of Pupils Inspected | | | |
|---|----------------------------|--|-------------|----------------|-------------|
| | | Satisfactory | | Unsatisfactory | |
| | | No. | % of Col. 2 | No. | % of Col. 2 |
| 1958 and later | 88 | 88 | 100 | — | 100 |
| 1957 | 549 | 547 | 99·64 | 2 | ·36 |
| 1956 | 146 | 145 | 99·32 | 1 | ·68 |
| 1955 | 218 | 217 | 99·5 | 1 | ·5 |
| 1954 | 235 | 234 | 99·6 | 1 | ·4 |
| 1953 | 32 | 31 | 96·88 | 1 | 3·12 |
| 1952 | 261 | 260 | 99·6 | 1 | ·4 |
| 1951 | 228 | 228 | 100 | — | 100 |
| 1950 | 20 | 20 | 100 | — | 100 |
| 1949 | 3 | 3 | 100 | — | 100 |
| 1948 | 300 | 298 | 99·3 | 2 | ·7 |
| 1947 and earlier | 448 | 446 | 99·6 | 2 | ·4 |
| Total | 2,528 | 2,517 | 99·6 | 11 | ·4 |

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

| Age Groups Inspected (by year of birth) | For Defective Vision (exclu- ding squint). | For any of the other conditions recorded | Total individual pupils. |
|---|--|--|--------------------------------|
| 1958 and later ... | — | — | — |
| 1957 ... | 24 | 100 | 121 |
| 1956 ... | 6 | 21 | 26 |
| 1955 ... | 12 | 44 | 52 |
| 1954 ... | 16 | 39 | 52 |
| 1953 ... | 3 | 5 | 8 |
| 1952 ... | 18 | 35 | 52 |
| 1951 ... | 15 | 29 | 42 |
| 1950 ... | 6 | 2 | 8 |
| 1949 ... | 1 | — | 1 |
| 1948 ... | 23 | 42 | 63 |
| 1947 and earlier ... | 37 | 47 | 82 |
| Total ... | 161 | 364 | 507 |

OTHER INSPECTIONS

Number of Special Inspections ... 98

Number of Re-inspections ... 61

159

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in
schools by school nurses or other authorised persons 14,078

Total number of individual pupils found to be infected 75

Number of individual pupils in respect of whom
cleansing notices were issued. (Section 54 (2), Educa-
tion Act, 1914) ... —

Number of individual pupils in respect of whom
cleansing orders were issued. (Section 54 (3), Educa-
tion Act, 1944) ... —

**DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1962
PERIODIC INSPECTIONS**

| Defect or Disease. | PERIODIC INSPECTIONS | | | | | | | |
|--------------------------|----------------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| | ENTRANTS | | LEAVERS | | OTHERS | | TOTAL | |
| | Treat- ment | Obser- vation | Treat- ment | Obser- vation | Treat- ment | Obser- vation | Treat- ment | Obser- vation |
| Skin ... | 13 | 3 | 16 | 1 | 22 | 1 | 51 | 5 |
| Eyes—a. Vision ... | 28 | 22 | 49 | 36 | 84 | 25 | 161 | 83 |
| b. Squint ... | 13 | 6 | — | — | 4 | — | 17 | 6 |
| c. Other ... | — | 3 | 1 | — | 1 | 1 | 2 | 4 |
| Ears—a. Hearing ... | 5 | 2 | 7 | 4 | 24 | 10 | 36 | 16 |
| b. Otitis Media ... | 29 | — | 3 | — | 9 | 1 | 41 | 1 |
| c. Other ... | — | — | — | — | 2 | 1 | 2 | 1 |
| Nose and Throat ... | 11 | 8 | 7 | — | 8 | 11 | 26 | 19 |
| Speech ... | 4 | 17 | — | 2 | 9 | 7 | 13 | 26 |
| Lymphatic Glands ... | — | 1 | — | — | 2 | — | 2 | 1 |
| Heart ... | 2 | — | 2 | 2 | 4 | 9 | 8 | 11 |
| Lungs ... | 7 | — | 4 | — | 17 | 4 | 28 | 4 |
| Developmental— | | | | | | | | |
| a. Hernia ... | 1 | — | — | — | — | — | 1 | — |
| b. Other ... | — | — | — | — | — | — | — | — |
| Orthopaedic— | | | | | | | | |
| a. Posture ... | 1 | — | 10 | — | 13 | 1 | 24 | 1 |
| b. Feet ... | 1 | 1 | 3 | — | 8 | 6 | 12 | 7 |
| c. Other ... | 1 | 3 | 6 | 4 | 7 | 2 | 14 | 9 |
| Nervous System— | | | | | | | | |
| a. Epilepsy ... | 1 | — | — | — | — | — | 1 | — |
| b. Other ... | 1 | — | 1 | — | 7 | 6 | 9 | 6 |
| Psychological— | | | | | | | | |
| a. Development ... | — | 1 | — | 1 | 9 | 6 | 9 | 8 |
| b. Stability ... | 12 | 3 | 1 | — | 18 | 12 | 31 | 15 |
| Abdomen ... | 2 | 1 | 1 | — | 2 | 5 | 5 | 6 |
| Other ... | 26 | 10 | 3 | — | 20 | 8 | 49 | 18 |
| Totals ... | 158 | 81 | 114 | 50 | 270 | 116 | 542 | 247 |

SPECIAL INSPECTIONS

| Defect or Disease | Special Inspections | |
|----------------------|----------------------------------|------------------------------------|
| | Pupils Requiring Treatment | Pupils Requiring Observation |
| Skin ... | — | — |
| Eyes— | | |
| a. Vision ... | 2 | — |
| b. Squint ... | — | — |
| c. Other ... | — | — |
| Ears— | | |
| a. Hearing ... | — | — |
| b. Otitis Media ... | — | — |
| c. Other ... | — | — |
| Nose and Throat ... | — | — |
| Speech ... | — | — |
| Lymphatic Glands ... | — | — |
| Heart ... | — | — |
| Lungs ... | — | — |
| Developmental— | | |
| a. Hernia ... | — | — |
| b. Other ... | — | — |
| Orthopaedic— | | |
| a. Posture ... | — | — |
| b. Feet ... | — | — |
| c. Other ... | — | — |
| Nervous System— | | |
| a. Epilepsy ... | — | — |
| b. Other ... | — | — |
| Psychological— | | |
| a. Development ... | — | — |
| b. Stability ... | 2 | 1 |
| Abdomen ... | — | — |
| Other ... | 4 | — |

TREATMENT OF PUPILS ATTENDING MAINTAINED AND ASSISTED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

| | Number of cases known to have been dealt with |
|--|--|
| External and other, excluding errors of refraction and squint | — |
| Errors of Refraction (including squint) ... | 597 |
| Total ... | 597 |
| Number of pupils for whom spectacles were prescribed ... | 421 |

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

| | Number of cases known to have been dealt with |
|---|--|
| Received operative treatment | |
| (a) for diseases of the ear ... | 1 |
| (b) for adenoids and chronic tonsillitis ... | 6 |
| (c) for other nose and throat conditions ... | — |
| Received other forms of treat- ment ... | — |
| Total ... | 7 |
| Total number of pupils in schools who are known to have been provided with hearing aids— | |
| (a) in 1962 ... | 1 |
| (b) in previous years ... | 10 |

ORTHOPAEDIC AND POSTURAL DEFECTS

| | No. of cases known to have been dealt with |
|---|---|
| Pupils treated at clinics or out- patients departments ... | 5 |
| Pupils treated at school for postural defects ... | — |
| Total ... | 5 |

DISEASES OF THE SKIN (Excluding uncleanliness)

| | Number of cases known to have been treated |
|-------------------------|---|
| Ringworm— (a) Scalp ... | — |
| (b) Body ... | 1 |
| Scabies ... | — |
| Impetigo ... | — |
| Other skin diseases ... | — |
| Total ... | 1 |

CHILD GUIDANCE TREATMENT

| | Number of cases known to have been treated |
|---|---|
| Pupils treated at Child Guid- ance Clinics ... | 6 |

SPEECH THERAPY

| | Number of cases known to have been treated |
|--|---|
| Pupils treated by speech thera- pists ... | 55 |

OTHER TREATMENT GIVEN

| | Number of cases known to have been dealt with |
|---|--|
| Pupils with minor ailments ... | 15 |
| Pupils who were admitted for convalescent treatment under School Health Service arrange- ments during 1962 ... | 3 |
| Other than above— U.V.R. Treatment ... | 20 |
| Total ... | 38 |

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1962

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinic.

Number of sessions held during year 10

| | Pre-school children | School children |
|--|------------------------|--------------------|
| No. of individual patients seen by Consultant, including those continuing attendance from previous year | — | 2 |
| No. of individual patients referred for opera- tive treatment as short-stay cases only ... | — | — |
| Recommended long-stay hospital school ... | — | — |
| Recommended treatment by orthopaedic nurse or physiotherapist:— | | |
| (a) at treatment centres | — | — |
| (b) domiciliary | — | — |
| No. of children who obtained operative treat- ment during the year | — | — |
| Total number of attendances at consultant clinic | — | 2 |
| Treatment Centres | | |
| No. of sessions held during year | | |
| | Pre-school children | School children |
| Total number of patients treated (including cases continuing treatment from previous year) | — | — |
| Total number of attendances | — | — |
| Domiciliary Treatment | | |
| Total number treated | — | — |
| Total number of visits to patients' homes ... | — | — |
| Appliances | | |
| Number of appliances—(a) recommended ... | — | — |
| (b) obtained ... | — | — |

PAEDIATRIC SERVICE

Consultant Clinics.

Number of sessions held during the year 10

| | Pre-school children | School children |
|---|------------------------|--------------------|
| Number of individual patients seen :— | | |
| (a) new cases | 7 | 15 |
| (b) cases attending from previous year(s) | 4 | 33 |
| Total number of attendances at clinics ... | 17 | 83 |

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 29

CHILDREN AND YOUNG PERSONS ACT, 1933 EMPLOYMENT OF CHILDREN

Number of children examined during the year in
connection with applications :—

(a) for employment (including entertainments) 85
(b) No. of (a) found unfit —

ULTRA VIOLET LIGHT TREATMENT

| No. of sessions held during the year | 204 | |
|---|------------------------|--------------------|
| | Pre-School children | School children |
| No. of children treated during the year | 7 | 13 |
| Total No. of attendances ... | 63 | 172 |

PAEDIATRIC SERVICE

Summary of type of defect for which referred

| Defect or Disease | Pre-School | School |
|--|------------|-----------|
| Respiratory System, including E.N.T. Defects | 4 | 12 |
| Heart and Circulatory System ... | — | 12 |
| Incontinence | — | 11 |
| Nutritional | — | 1 |
| Migraine | — | 1 |
| Orthopaedic | 1 | 3 |
| Developmental | 4 | 2 |
| Mental Defect, including Educational Sub-normality | — | 2 |
| Genito-urinary System | — | 1 |
| Congenital Deformities | 1 | 1 |
| Gastro Intestinal System | — | 1 |
| Skin | — | 1 |
| Unclassified | 1 | — |
| Total | 11 | 48 |

SPEECH THERAPY

| | | |
|--|--------|-----|
| Total number of sessions held during the year ... | ... | 187 |
| No. of new cases treated during the year | ... .. | 19 |
| No. of cases already attending for treatment from previous year | ... .. | 36 |
| Total number of cases treated | ... .. | 55 |
| No. of cases awaiting treatment at end of the year | ... | 12 |
| No. of visits made to schools | ... .. | 17 |
| No. of home visits ... | ... .. | — |

Analysis of Cases treated during the year :—

| | | | | | Boys | Girls |
|---|-----|-----|-----|-----|------|-------|
| Stammering | ... | ... | ... | ... | 5 | 1 |
| Defects of articulation— | | | | | | |
| (a) Dyslalia | ... | ... | ... | ... | 19 | 10 |
| (b) Sigmatism | | ... | ... | ... | 7 | 1 |
| (c) Rhinolalia, due to— | | | | | | |
| (i) Cleft Palate | ... | ... | ... | ... | 1 | — |
| (ii) Nasal obstruction | | ... | ... | ... | — | — |
| (d) Dysarthria | | ... | ... | ... | — | — |
| Aphasia | ... | ... | ... | ... | — | — |
| Defective speech due to— | | | | | | |
| (i) Educational sub-normality | | | ... | ... | 3 | 1 |
| (ii) Deafness | ... | ... | ... | ... | — | — |
| Retarded speech development | | ... | ... | ... | 1 | 2 |
| Dysphonia | ... | ... | ... | ... | 2 | — |
| Other defects — | | | | | | |
| Rhotacism | ... | ... | ... | ... | 2 | — |
| Total | | | | | 40 | 15 |
| Analysis of Cases discharged :— | | | | | | |
| No. of children discharged during year— | | | | | | |
| Speech normal | ... | ... | ... | ... | 4 | 3 |
| Speech improved | | ... | ... | ... | 3 | 2 |
| Unsuitable for treatment | ... | ... | ... | ... | — | — |
| Non-co-operation | | ... | ... | ... | — | — |
| Left school | ... | ... | ... | ... | — | — |
| Left district | ... | ... | ... | ... | 4 | — |
| Other reasons— | | | | | | |

VACCINATION AND IMMUNISATION

In the following pages you will find set out the Divisional figures relating to vaccination and immunisation. These disclose a reasonably satisfactory state of affairs, although, as I have said before, we are constantly striving for the unattainable 100% response. It is a fact, however, that the vast bulk of parents nowadays readily accept the prophylactic measures available for their children. Many are given treatment by their own doctors, some prefer to have it done at Welfare clinics.

There is not the slightest doubt that the immunisation procedure is absolutely safe and effective. It is many years since even an individual case of Diphtheria was reported in your area and we are now reaching a position when the same can be said of Whooping Cough.

Oral poliomyelitis vaccine is now in universal use and again this disease has been almost completely absent from the community.

The figures for smallpox vaccination show a sharp increase. This, of course, is due to the alarm which the recent Bradford outbreak occasioned. The official view is that the second year of life is the best time to have the infant vaccinated. In spite of my own preference for the first few months of life I have no choice but to conform to the Ministry's ruling, and I am now recommending that children be vaccinated as soon as possible after their first birthday.

We are still awaiting a prophylactic against Measles. Hope has recently been expressed that one will shortly be produced. Measles is still an unpleasant illness although modern drugs have removed the fear of serious complications in all but a very few cases. However, if mass incidence can be prevented a considerable amount of illness and anxiety will be obviated.

B.C.G. vaccination continues to be readily accepted and has become a routine measure.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1962

| CLASS | No. who received 2 injections during year ended 31st December, 1962 | Completed courses of Oral Vaccine during year ended 31st December, 1962 |
|--|---|---|
| Children born in 1962 | — | 112 |
| Children born in 1961 | 44 | 347 |
| Children and young people born during years 1943 - 1960 .. | 156 | 207 |
| Young persons born during years 1933 - 42 | 37 | 82 |
| Others | 117 | 214 |
| Total | 364 | 962 |

Total number of persons who had received two injections at 31st December, 1962 :—

| | | |
|----------|---------|--------|
| Children | .. .. . | 12,162 |
| Others | .. .. . | 6,092 |

| | | |
|-------|---------|--------|
| Total | | 18,254 |
|-------|---------|--------|

Number of persons who had received three injections at 31st December, 1962 15,620

Number of children aged 5—12 who had received four injections at 31st December, 1962 3,067

Number of persons who received dose of oral vaccine after 2 injections 1,318

Number of children who received dose of oral vaccine after 3 injections 552

| CLASS | No. of persons who had received doses of vaccine at 31st December, 1962 | |
|--|---|--------------|
| | 1 dose only | 2 doses only |
| Children born 1962 .. | 68 | 80 |
| Children born 1961 .. | 60 | 92 |
| Children and young persons born in years 1943 - 1960 | 48 | 40 |
| Young persons born in years 1933 - 1942 .. | 20 | 18 |
| Others | 53 | 61 |
| Total | 249 | 291 |

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

| | Children born in years :— | | | | | | |
|---|---------------------------|------|------|------|------|---------|---------|
| | 1962 | 1961 | 1960 | 1959 | 1958 | 1953-57 | 1948-52 |
| No. of children who completed a full course of primary immunisation (including temporary residents) ... | 274 | 338 | 24 | 4 | 5 | 22 | 7 |
| Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ... | — | 1 | 2 | — | 7 | 187 | 131 |

Immunisation in relation to Child Population

| Age at 31.12.62 i.e. Born in Year | Under 1 1962 | 1—4 1961-1958 | 5—9 1957-1953 | 10—14 1952-1948 | under 15 Total |
|---|-----------------|------------------|------------------|--------------------|-------------------|
| Last complete course of injections (whether primary or booster) | | | | | |
| 1958—1962 ... | 274 | 2480 | 2385 | 1795 | 6934 |
| 1957 or earlier | — | — | 832 | 2016 | 2848 |

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

| Age at Final injection | Number of children who completed a full course of immunisation including temporary residents) |
|-----------------------------|---|
| Under 6 months | 390 |
| 6 months to one year | 223 |
| 1—2 years | 25 |
| 2—3 years | 5 |
| 3—4 years | 5 |
| Total ... | 648 |

Immunisation in relation to Child Population

| Age at 31.12.62 i.e. born in year:— | Under 1 1962 | 1 to 4 1961–1958 | 5 to 9 1957–1953 | 10 to 14 1952–1948 | Under 15 Total |
|--|-----------------|---------------------|---------------------|-----------------------|-------------------|
| Number immunised ... | 274 | 2,209 | 1,849 | 702 | 5,034 |

Whooping Cough notifications and Deaths in relation to Immunisation during the year

| Age at date of notification | No. of cases notified | No. of cases included in preceding column in which child completed a full course of immunisation |
|--------------------------------|--------------------------|--|
| Under 1 | — | — |
| 1 | — | — |
| 2 | — | — |
| 3 | 1 | — |
| 4 | — | — |
| 5 — 9 | 1 | — |
| 10 — 14 | — | — |
| Totals ... | 2 | — |

No death occurred from Whooping Cough in the Division
during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

| Age at Date of Vaccination | Under 1 | 1 year | 2 to 4 | 5 to 14 | 15 or over | Total |
|----------------------------|------------|-----------|--------|---------|---------------|-------|
| Number Vaccinated ... | 342 | 177 | 278 | 892 | 793 | 2,482 |
| Number Re-Vaccinated ... | — | — | 37 | 384 | 1,095 | 1,516 |

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

| | Children born in years:— | | | | | | | Total |
|---|--------------------------|------|------|------|------|---------|---------|-------|
| | 1962 | 1961 | 1960 | 1959 | 1958 | 1953-57 | 1948-52 | |
| Number of children who completed a full course of primary immunisation (including temporary residents) .. | 274 | 337 | 26 | 10 | 8 | 41 | 18 | 714 |
| Total number of children who were given a secondary or re-inforcing injection (i.e., subsequent to complete full course) .. | — | — | — | — | 1 | 11 | 2 | 14 |

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

| | |
|---|---|
| 1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination | 3 |
|---|---|

Acceptances

| | |
|---|------|
| (a) No. of children offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously ... | 725 |
| (b) No. of (a) found to have been vaccinated previously | 36 |
| (c) No. of acceptances | 559 |
| (d) Percentage of acceptances, i.e., (c) to (a) — (b) ... | 81.1 |

Pre-Vaccination Tuberculin test

| | |
|-----------------------------------|-----------|
| (a) No. of children tested | 525 |
| (b) Result of test— | |
| (i) Positive | 40 |
| (ii) Negative | 467 |
| (iii) Not ascertained | 18 |
| | —— |
| | TOTAL 525 |
| (c) Percentage positive | 15.6 |

Vaccination

| | |
|-----------------------|-----|
| No. vaccinated | 460 |
|-----------------------|-----|

Tuberculin test twelve months after vaccination

| | |
|--|---------|
| (a) No. vaccinated in 1962 | — |
| (b) No. tuberculin tested after 12 months | — |
| (c) Result of test— | |
| (i) Positive | — |
| (ii) Negative | — |
| (iii) Not ascertained | — |
| | —— |
| | TOTAL — |

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year 1962

[illegible]

LOCAL HEALTH AUTHORITY CLINICS

Little change has taken place during 1962. This I record with disappointment because, as you may remember, we were expecting that the Nursery Hutment in Mickletown would by now have been reconstructed and be in use as a Child Welfare Clinic. Whatever be the reason work has not yet started at the time of writing although I am informed that a start is ^{im}minent.

The Oulton Clinic has now been completely redecorated and the rooms, though far from ideal in structure, are at least hygienic, warm, and well equipped.

The outstanding need at present is for new clinic premises at Lofthouse. At the moment the ones in use can only be described as deplorable. Every effort has been made to improve them but without avail. However, your Council have been kind enough to offer the lease of a piece of land suitable for the erection of a small purpose-built prefabricated clinic of the type known as a "Mini-clinic." I am very hopeful that the County Council will be able to sanction the provision of one of these in which event our problems in that part of the world will be solved.

The Central Clinic at Rothwell remains completely satisfactory for all purposes.

No new services have been introduced during the year but attendances continue good, and, as I noted last year, tend to increase in areas where new building has taken place.

Consultant Clinics.

The services of an Ophthalmic doctor are available every week at Rothwell, and Dr. Pickup, our Consultant Paediatrician, attends monthly. Both the above services are completely satisfactory and adequately fill our needs.

MENTAL HEALTH SERVICE

This important and expanding service has been consolidated during the year. The case load is increasing and it is obvious that the services of two whole-time Mental Welfare Officers are now necessary in this Health Division.

We are fortunate in that Mr. Emmerson, the Senior Mental Welfare Officer, has his headquarters in this office. Thus the closest possible liaison between ourselves and the Mental Hospitals is possible. A very happy relationship exists and no friction has occurred during the year.

For the following comments I am indebted to Mr. Emmerson:—

“Since my last Report the care and after-care case load of mentally ill and subnormal persons in this Division has risen from 160 to 220. This does not necessarily mean, however, that there has been an overall increase in the incidence of mental disorder: rather is it an indication that prior to the coming into operation of the Mental Health Act, 1959, the pre-care and after-care of the mentally ill was a somewhat neglected aspect of the work. Before the new Act a regular visiting service for the subnormal was instituted and some training was provided for them, but for the mentally ill little was done beyond the statutory duties of admission to Hospital and the care of such patients’ estates. Now that a full integrated community mental health service has been established, more patients and their relatives are availing themselves of the help that is offered.

Intensive social work, aimed at the rehabilitation of the individual according to his needs and his capabilities, has occupied much of the time of the Mental Welfare Officers employed in this area. It will be appreciated that this type of social case work involves the closest possible liaison with Hospital Consultants and general medical practitioners, and it is with appreciation that I record the very real team spirit displayed by all concerned.

As mentioned in my last Report, several people from this area attend Psychiatric Social Clubs in neighbouring districts. I had hoped that such a Club would be formed in this Division but, as the staff is already committed to two evenings each week at these existing Clubs, in addition to being on stand-by duty at regular intervals for Hospital admissions and emergency work, this has not proved practicable. Indeed, the volume of work generally has increased to such an extent that I now intend to ask for the present establishment of $1\frac{1}{2}$ Mental Welfare Officers

(one Officer at present being shared with another Division) to be increased to two full-time Officers.

During the year the Mental Health Welfare Officers admitted 55 mentally ill patients from this Division to Psychiatric Hospitals, mainly Stanley Royd. Of this number, 26 were admitted on an informal basis but compulsory powers had to be used in respect of the other 29. In these days when emphasis is placed on informality of admission, the high proportion of compulsory cases would at first glance seem rather disappointing. One factor that must be taken into account, however, is that a number of patients enter Hospital informally without a Mental Welfare Officer being involved: the number so admitted is unknown to me but it is apparent that the ratio of informal admissions to those of compulsory nature is more favourable than indicated above. Further, of the 29 compulsory admissions, only one was under Section 26 of the Mental Health Act, 1959, which permits of detention for a period not exceeding one year (roughly equivalent to "certification" under former legislation). The remaining 28 were admitted for short-term observation (not exceeding 28 days) and at the end of that time the majority agree to remain voluntarily to complete their treatment.

In the same period 12 subnormal patients were admitted to Hospital, all informally, and 8 of these were for short-stay periods in order to relieve the relatives.

Patients requiring training or occupation have been accommodated at Wakefield, Leeds or the Airedale Centre, near Castleford. However, the new Training Centre in Holmsley Lane, Rothwell, is now completed and I hope will be opened for the reception of about 60 patients, both children and adults, in the very near future. The Centre is of standard pattern and is absolutely up-to-date in all respects. Much will depend on the calibre of staff engaged and great care is being taken to ensure that the right type of person is appointed. The provision of this Centre will augment still further the community care of the mentally ill or subnormal, on which so much emphasis is placed by the Mental Health Act.

No Hostel for psychiatric patients has been provided in this Divisional area but one is in the course of construction very near your boundary, and admission to it of patients living in your area will be made possible.

In concluding this paragraph I would like to pay tribute to the enthusiastic work which the Mental Welfare Officers have put in during the year and to the ready co-operation we have received from all concerned."

DOMICILIARY NURSING SERVICES

Health Visiting.—Although we have had our difficulties during the year, we have managed to remain effectively operative. One or two of the members of the nursing staff have had prolonged illnesses leading, I am sorry to say, to resignation in one instance. One assistant Health Visitor went for training and has now returned to duty as a fully qualified Health Visitor.

Home Nursing.—Two new Home Nurses have been recruited and are to take their Queen's Training very shortly.

Midwifery.—The Midwifery service has been augmented by the recruitment of a further midwife and is now up to establishment, which is a fortunate circumstance. There is a great shortage of domiciliary Midwives and we are lucky in being able to maintain our establishment.

During next year a Supervisory Nursing Officer is to be appointed to this area. We are to share her services with a neighbouring Division and it is hoped that her arrival will infuse even more enthusiasm into the nursing staff.

HOME HELP SERVICE

The demand for this service continues to be as great as ever and its administration ever more complicated. At the moment of writing our authorised allocation is the equivalent of 36 whole time workers. At the end of 1962 we were employing 88 part-time domestic helps, and a glance at the table will show you how they were deployed. Very few complaints were received and this is a remarkable tribute to a body of workers who frequently undertake the care of old people living in not too pleasant domestic circumstances. It is certain that without their help a very large number of old people, living alone, would fall into squalor or be driven to seek institutional care.

Every effort is made to ensure a fair allocation to each person needing help and the Home Helps themselves are supervised by members of the nursing staff, who, in turn, report to me any variation in the needs of the person helped. The Home Help service is a most valuable one and is undoubtedly fulfilling a very necessary function.

DOMESTIC HELPS

Authorised Divisional Allocation.

| | | | | |
|--|-----|-----|-----|----|
| (i) Basic | ... | ... | ... | 34 |
| (ii) From Reserve Pool (Average over the year) | ... | ... | ... | — |
| | | | | — |
| Total | ... | ... | ... | 34 |
| | | | | — |

Number of Domestic Helps employed at 31st December, 1962—

| | | | | |
|----------------|-----|-----|-----|----|
| (i) Whole-time | ... | ... | ... | — |
| (ii) Part-time | ... | ... | ... | 88 |
| | | | | — |
| Total | ... | ... | ... | 88 |
| | | | | — |

Cases provided with Domestic Help during year ended 31st December, 1962—

| | | | | No. of Cases | Hours employed |
|---|-----|-----|--------|--------------|----------------------|
| (i) Maternity (including expectant mothers) | ... | ... | ... | 37 | 1,606 $\frac{3}{4}$ |
| (ii) Tuberculosis | ... | ... | ... | 2 | 173 |
| (iii) Chronic sick (a) aged 65 + | ... | ... | ... | 380 | 59,362 $\frac{1}{4}$ |
| or Aged (b) under 65 | ... | ... | ... | 25 | 3,022 $\frac{1}{2}$ |
| (iv) Others | ... | ... | ... | 4 | 142 |
| | | | | | |
| | | | Totals | ... | 448 |
| | | | | | 64,306 $\frac{1}{2}$ |

Employment:—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1962 \div 2184 (52 weeks x 42 hours) = No. of home helps that could have been employed full time. = 29.444

CHIROPODY SERVICE

This is as popular as ever, and is still being run on the lines indicated in my last report. There is some evidence of an increased demand for domiciliary treatment which, as you know, carries a much higher fee for the Chiropodist.

There is no evidence in your area of any appreciable abuse and our percentage bears favourable comparison with other areas in the County.

CHIROPODY SERVICE

Number of sessions held during the year:—

| | | | | | |
|-----|----------------------|-----|-----|-----|-------|
| (a) | In Voluntary Clinics | ... | ... | ... | 341 |
| | | | | | <hr/> |

Number of patients treated:—

| | | | | | |
|-----|--------------------------|-----|-----|-------|-------|
| (a) | In Voluntary Clinics | ... | ... | ... | 753 |
| (b) | In Chiropodist's Surgery | | ... | ... | 246 |
| (c) | In own homes | ... | ... | ... | 198 |
| | | | | | <hr/> |
| | | | | Total | ... |
| | | | | | 1,197 |
| | | | | | <hr/> |

Number of Treatments given:—

| | | | | | |
|-----|--------------------------|-----|-----|-------|-------|
| (a) | In Voluntary Clinics | ... | ... | ... | 3,269 |
| (b) | In Chiropodist's Surgery | | ... | ... | 1,152 |
| (c) | In own homes | ... | ... | ... | 755 |
| | | | | | <hr/> |
| | | | | Total | ... |
| | | | | | 5,196 |
| | | | | | <hr/> |

AMBULANCE SERVICE

Already good, this service has maintained adequately its expected level of efficiency throughout the year. No complaint has arisen and any request has been met with prompt and courteous response. It is difficult to imagine any improvement in this valuable service.

LABORATORY FACILITIES

I am indebted to Dr. Little and the staff of the Medical Research Laboratory at Wakefield for the painstaking and prompt way in which they have carried out laboratory investigations on our behalf. Additionally, may I record my appreciation of the way in which our rather importunate demands for lymph were met during the smallpox outbreak.

Blood samples from ante-natal patients are sent to the laboratory at Seacroft and again the service extended to us is of the highest.

MILK AND FOOD SAMPLES

As hitherto bacteriological examination of water is carried out at the Medical Research Laboratory at Wakefield, chemical samples being analysed by the Leeds City Analyst. Both services have been efficient throughout.

HOSPITAL PROVISION IN THE AREA

Maternity Hospitals.—Our average monthly allocation of 18 bookings is still available to us and for these bookings we are the arbiters. They are reserved for obstetrically normal confinements needing beds on social grounds. This frequently presents considerable difficulty and we endeavour as fairly as possible to give preference to those patients who have bad housing circumstances, are overcrowded or in other social need. It is also considered desirable that first babies should be born in Hospital and that mothers who have already borne a considerable number of children should be afforded the relative rest which a hospital confinement gives.

From time to time we have again been helped out by the Morley Health Division, whose allocation of beds is on a higher percentage than our own due to the greater hospital provision in their area.

I am of the opinion that allocation has been fairly made, and that, although occasional disappointments are inevitable, overall justice has been done.

Abnormal cases have had no difficulty in obtaining suitable accommodation. Our percentage of hospital births remains at round about 50%. The avowed aim of the Ministry is to achieve a 75% hospital confinement rate. Failing the provision of new hospitals in or near your area it is difficult to see how this target can be reached in the foreseeable future.

Infectious Diseases Hospitals.—You will note that 54 cases were admitted to Seacroft, no fewer than 36 of which were for observation. Full reports are received on all cases from this admirable hospital. The large majority of patients admitted for observation were found to be suffering from illnesses not normally notifiable as "Infectious Disease." Seacroft maintains its usual meticulous standards and we feel ourselves fortunate to be within its catchment area. Admission and discharge reports are prompt, accurate and comprehensive.

General Hospitals.—No change has taken place during the year and, as I have already said, we are fortunate in being situated close to a Teaching Hospital centre and to be able to call upon the additional hospital facilities in nearby Wakefield.

Chronic Sick Hospitals.—There is some evidence that the proposed reduction in geriatric beds contemplated under The Ten Year Development Plan for hospitals is being re-considered. I would go so far as to say that in this area there is need for a greater, rather than a smaller, provision. At the time of writing, the list of cases awaiting admission to the Headlands Hospital, stands at over 100, predominantly females. This is no reflection on the efficiency of hospital or staff, but underlines a great and growing need. In view of the increased longevity of the population, this need is only to be expected, and long-term planning must take account of the continuing trend.

Speaking for the Urban District it seems a pity that with two geriatric hospitals situated within our boundary no direct access is possible for local inhabitants. I have explained fully in previous reports the reason for this but it still remains an apparent mystery to many of our people.

We still arrange the occasional exchange with the Pontefract group of hospitals and at the time of writing about 7 local inhabitants are patients in St. George's.

The standard of treatment and amenity in all the hospitals to which patients are admitted from your area remains high in spite of the acute staffing difficulties experienced by all hospitals of this type.

Welfare Accommodation.—Under the County Council's Ten Year Development Scheme the provision of a considerable number of new Homes for the elderly is contemplated. One is in the process of being built in your area. It is intended that ultimately the old workhouses, in which such a large proportion of our indigent elderly population must, of necessity, be housed, shall either be done away with completely or modified structurally in the most drastic manner. In their place, groups of Homes are to be established with Warden facilities, communal dining and recreation rooms, etc., etc., situated as near as possible to the former homes of those who will be accommodated in them. It must be borne in mind by our planners that this new type of provision is extremely likely to increase the demand for places. Elderly people naturally dread being removed from their homes and accommodated in what, to them, are vividly remembered as workhouses. The new type of accommodation with its accessibility to friends and cronies, its generally cheerful atmosphere and its greatly

improved amenities, is bound to prove attractive to many who formerly clung pathetically to their old homes. I expect to find a heavy demand for places, and to find that, in spite of the apparently lavish expenditure contemplated, demand far exceeds accommodation.

I would refer, once again, to my previous plea for a different type of accommodation to bridge the gap between Hospital and Home. There is a crying need for accommodation of this sort where some small nursing help such as assistance in dressing, washing and feeding, can be given to patients who are unable to maintain themselves at home, and yet are not considered sufficiently in need to warrant hospital accommodation. I understand that the County Council have already made an approach to the Ministry on this matter but have not yet had a definite answer to their queries.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

The incidence of notifiable Infectious Disease has continued at its present-day low level. As against 561 notifications of Measles in 1961 we only had 67 cases notified in 1962. For the rest, one case of Poliomyelitis was notified but did not go to fatal termination. The only other factor worthy of note was the total absence of Whooping Cough from your community during the year. This is the first time in my experience that no case of Whooping Cough has been notified. I am confident in attributing this fact to the percentage of children who have been protected by immunisation. I am equally confident that, if this immunisation rate can be maintained, Whooping Cough can be written off as an epidemic disease.

We experienced our customary scatter of mild Sonne Dysentery which, as I have said before, is endemic in a certain part of your district and defies all investigation.

None of the eight cases of suspected Food Poisoning notified appeared to be a true bill. It must be pointed out that there is a responsibility on the family doctor to notify any case with gastro-intestinal symptoms which he feels may be due to food poisoning. This is an important and necessary preventive measure and is conscientiously undertaken by my colleagues in general practice.

The overall picture is one of relative freedom from infectious disease and can be considered satisfactory.

Veneral Disease.—Quarterly Reports are to hand and these indicate no increase in incidence in spite of the experience of other areas where increases are regularly reported.

Infestations. — These are negligible. No Scabies occurred and very few dirty heads among school children were revealed by regular periodic examinations.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1962

| Disease | Total all ages | | | Age distribution, 1962 | | | | | | | | | | | | Cases sent to Hospital, 1962 | Deaths, 1962 | |
|-----------------------------|----------------|------|------|------------------------|-------------|-------------|-------------|-------------|--------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------------------|--------------|-------------|
| | 1960 | 1961 | 1962 | 0 — 1 year | 1 — 2 years | 2 — 3 years | 3 — 4 years | 4 — 5 years | 5 — 10 years | 10 — 15 years | 15 — 20 years | 20 — 35 years | 35 — 45 years | 45 — 65 years | Over 65 years | | | Age unknown |
| Acute Poliomyelitis | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| Scarlet Fever ... | ... | 29 | 16 | ... | ... | ... | 1 | 2 | 8 | 3 | 1 | ... | ... | ... | ... | ... | ... | ... |
| Pneumonia ... | ... | 23 | 24 | 2 | 1 | 2 | 1 | 1 | 2 | ... | ... | ... | 2 | 4 | 9 | ... | 9 | 36 |
| Acute Anterior Encephalitis | ... | ... | 1 | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | 1 | ... |
| Meningococcal Infection | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Erysipelas ... | ... | 7 | 5 | ... | ... | ... | ... | ... | ... | ... | 1 | ... | ... | 4 | ... | ... | ... | ... |
| Whooping Cough | ... | 11 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Measles ... | ... | 16 | 67 | 4 | 3 | 7 | 9 | 11 | 27 | 5 | ... | ... | ... | ... | ... | 1 | 6 | ... |
| Sonnè Dysentery | ... | 34 | 20 | ... | 5 | 1 | ... | ... | 2 | ... | 1 | 8 | 1 | ... | 2 | ... | 1 | ... |
| Food Poisoning | ... | 2 | 8 | ... | ... | 1 | ... | 1 | 2 | ... | ... | 2 | 1 | ... | ... | 1 | 1 | ... |
| Observation ... | ... | 26 | 36 | 8 | 2 | 4 | 2 | ... | 3 | 5 | ... | 3 | 1 | 4 | 4 | ... | 36 | ... |
| Puerperal Pyrexia | ... | 1 | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... | ... |
| Totals | 131 | 694 | 178 | 14 | 13 | 15 | 13 | 15 | 44 | 13 | 3 | 13 | 6 | 12 | 15 | 2 | 55 | 36 |

TUBERCULOSIS

Last year I lamented the fact that there were 16 new cases of Pulmonary Tuberculosis notified to me. I declared my conviction that this was only a temporary set-back and I am glad to say that 1962 has produced only 4 new cases of Pulmonary Tubercle. A glance at the table on page 53 will show that in the ten years from 1943 to 1952, 220 cases were notified as against 96 in the most recent decade. This is a very satisfactory and substantial reduction which, I am sure, will be continued.

Every effort to eradicate the few remaining foci of infection is made. The Public Health Service works in close concord with the Chest Physicians and regular joint meetings are held to discuss any new measure which may be taken to stamp out the last elements of infection.

The B.C.G. vaccination of school children and of contacts has continued through the year and the acceptance rate continues satisfactory. We are fortunate in that the standards of care given by the Chest Physicians and their staffs both at Leeds and Wakefield Chest Clinics are exceptionally high. Reports and information are regularly received and we, in turn, do all we can to provide an accurate picture of the home circumstances of patients attending the Clinic for treatment. Miniature Mass Radiography sessions are held in your District from time to time and are very well attended.

The overall picture remains satisfactory and although there is no room for complacency I feel that solid progress continues to be made.

TUBERCULOSIS

Record of Cases during the year 1962

| | Pulmonary | | Non-Pulmonary | |
|---|-----------|----|---------------|---|
| | M | F | M | F |
| No. of cases on Register at beginning of year | 55 | 37 | 11 | 3 |
| No. of cases notified for first time during year | 4 | — | — | — |
| No. of cases restored to Register | — | 1 | — | — |
| No. of cases added to Register otherwise than by notification | 2 | 1 | 1 | — |
| No. removed to other districts | 3 | — | — | — |
| No. of cases Recovered | 2 | 4 | — | — |
| No. died from the Disease | 1 | — | — | — |
| No. died from other causes | — | — | — | — |
| No. Removed from Register :— | | | | |
| Revised diagnosis | — | — | — | — |
| No. of cases on Register at end of year | 55 | 35 | 12 | 3 |

New Cases and Mortality during 1962

| Age Periods | | New Cases | | | | Deaths | | | |
|---------------|-----|-----------|---|---------------|---|-----------|---|---------------|---|
| | | Pulmonary | | Non-Pulmonary | | Pulmonary | | Non-Pulmonary | |
| | | M | F | M | F | M | F | M | F |
| 0—1 year | ... | — | — | — | — | — | — | — | — |
| 1—5 years | ... | — | — | — | — | — | — | — | — |
| 5—10 " | ... | — | — | — | — | — | — | — | — |
| 10—15 " | ... | — | — | — | — | — | — | — | — |
| 15—20 " | ... | — | — | — | — | — | — | — | — |
| 20—25 " | ... | 1 | — | — | — | — | — | — | — |
| 25—35 " | ... | 2 | — | — | — | — | — | — | — |
| 35—45 " | ... | — | — | — | — | — | — | — | — |
| 45—55 " | ... | — | — | — | — | — | — | — | — |
| 55—65 " | ... | — | — | — | — | — | — | — | — |
| Over 65 years | ... | 1 | — | — | — | 1 | — | — | — |
| Totals | ... | 4 | — | — | — | 1 | — | — | — |

TUBERCULOSIS

New Cases and Deaths since 1943

| Year | | | New Cases | | Deaths | |
|------|-----|-----|-----------|---------------|-----------|---------------|
| | | | Pulmonary | Non-Pulmonary | Pulmonary | Non-Pulmonary |
| 1943 | ... | ... | 24 | 7 | 9 | — |
| 1944 | ... | ... | 21 | 10 | 12 | 2 |
| 1945 | ... | ... | 21 | 5 | 11 | 1 |
| 1946 | ... | ... | 28 | 9 | 7 | 3 |
| 1947 | ... | ... | 16 | 5 | 8 | — |
| 1948 | ... | ... | 22 | 3 | 11 | 2 |
| 1949 | ... | ... | 25 | 2 | 11 | 2 |
| 1950 | ... | ... | 27 | 3 | 5 | 2 |
| 1951 | ... | ... | 18 | 3 | 8 | 1 |
| 1952 | ... | ... | 18 | 1 | 3 | 1 |
| 1953 | ... | ... | 15 | — | 4 | — |
| 1954 | ... | ... | 11 | 5 | 1 | — |
| 1955 | ... | ... | 9 | 1 | 2 | — |
| 1956 | ... | ... | 12 | — | 1 | — |
| 1957 | ... | ... | 7 | 1 | 2 | — |
| 1958 | ... | ... | 12 | — | 2 | — |
| 1959 | ... | ... | 7 | 1 | 2 | — |
| 1960 | ... | ... | 5 | 2 | — | 1 |
| 1961 | ... | ... | 16 | — | 2 | — |
| 1962 | ... | ... | 4 | — | 1 | — |

HOUSING

Disappointment has been experienced in that a large area of land in the Carlton Lane district, on which several hundred new Council houses appeared destined to be built, has been "sterilised" for the next seven or eight years at least by reason of mining subsidence. This set-back represents a severe blow to the Housing Authority. In addition, potential sites are rendered temporarily unattainable by virtue of the extensive new roads which are scheduled to come through this area.

Thus, it will be noted that only ten houses were built by the local authority during 1962 as against the much more satisfactory figure of 212 built by private enterprise.

I would refer to Mr. Wilson's remarks on housing in his report which is incorporated with this one. From this you will see that in general, satisfactory progress has been made and that the only real housing problem that remains in your area is that of back-to-back houses of which a considerable number still exist. These are to be tackled in areas as soon as new local authority building can recommence.

HOUSING STATISTICS, 1962

| | | | | |
|----|------------------------------------|-----|-----|-----------|
| 1. | No. of Dwelling Houses in District | ... | ... | 8,674 |
| 2. | No. of Houses included in above :— | | | |
| | (a) Back-to-back | ... | | 419 |
| | (b) Single back | | | Not known |

3. SLUM CLEARANCE

Estimated number of unfit houses at 31st December, 1962 in respect of which no representation has yet been made ... 570
(419 back-to-back, 65 probable & 86 possibles)

Details of future slum clearance programmes:—
It is hoped to deal with the 419 back-to-backs as soon as possible.

4. HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

No. of houses included in Representations made during the year:—

| | | |
|-----------------------------|-----|-----|
| (a) In Clearance Areas | ... | Nil |
| (b) Individual unfit houses | ... | 26 |

HOUSES DEMOLISHED DURING THE YEAR

IN CLEARANCE AREAS

No. of Houses Demolished:

| | | | | |
|---|-----|-----|-----|-----|
| Unfit for human habitation | ... | ... | ... | 35 |
| Included by reason of bad arrangement | ... | | | Nil |
| On land acquired under Section 43 (2) Housing Act, 1957 | ... | ... | ... | Nil |

Persons displaced during year:

| | | |
|---|-----|-----|
| From houses unfit for human habitation | ... | 55 |
| From houses included by reason of bad arrangement | ... | Nil |
| From houses on land acquired under Section 43 (2) Housing Act, 1957 | ... | Nil |

Families Displaced during year:

| | |
|--|-----|
| From houses unfit for human habitation ... | 21 |
| From houses included by reason of bad arrangement | Nil |
| From houses on land acquired under Section 43 (2) Housing Act, 1957 | Nil |

NOT IN CLEARANCE AREAS**No. of Houses demolished:**

| | |
|---|-----|
| As a result of formal or informal procedure under Section 16 or 17 (1) Housing Act, 1957 | 5 |
| Local Authority owned houses certified unfit by the Medical Officer of Health | Nil |
| Houses unfit for human habitation where action has been taken under local Acts | Nil |
| Houses included in unfitness orders made under para. 2 of the Second Schedule to the Town and Country Planning Act, 1959 | Nil |

Persons displaced during year:

| | |
|---|-----|
| From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) of Housing Act, 1957 | 7 |
| From local authority owned houses certified unfit by Medical Officer of Health | Nil |
| From houses unfit for human habitation where action has been taken under local Acts ... | Nil |
| From houses included in Unfitness orders ... | Nil |

Families Displaced during year:

| | |
|---|-----|
| From houses to be demolished as a result of formal or informal procedure under Section 16 or 17 (1) of Housing Act, 1957 | 3 |
| From local authority owned houses certified unfit by Medical Officer of Health | Nil |
| From houses unfit for human habitation where action has been taken under local Acts ... | Nil |
| From houses included in Unfitness orders ... | Nil |

| | |
|---|-----|
| No. of dwellings included above which were previously reported as closed | Nil |
|---|-----|

UNFIT HOUSES CLOSED

No. of Houses:

| | | |
|---|--------|-----|
| Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961 | ... .. | Nil |
| Under Sections 17 (3) and 26, Housing Act, 1957 | ... .. | Nil |

Persons Displaced during year:

From houses to be closed:—

| | | |
|---|--------|-----|
| Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961 | ... .. | Nil |
| Under Sections 17 (3) and 26, Housing Act, 1957 | ... .. | Nil |

Families Displaced during year

From houses to be closed:---

| | | |
|---|--------|-----|
| Under Sections 16 (4), 17 (1) and 35 (1) Housing Act, 1957, and Section 26, Housing Act, 1961 | ... .. | Nil |
| Under Sections 17 (3) and 26, Housing Act, 1957 | ... .. | Nil |

Parts of Buildings Closed under Section 18, Housing Act, 1957:

| | | |
|------------------------------|--------|-----|
| Number of Houses | ... .. | Nil |
| Number of persons displaced | ... .. | Nil |
| Number of Families displaced | ... .. | Nil |

UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

After informal action by local authority:

by owner 182

After formal notice under Public Health Acts:

(a) by owner 24
(b) by local authority 3

After formal notice under Sections 9 and 16, Housing Act, 1957:

(a) by owner 11
(b) by local authority Nil

Under Section 24, Housing Act, 1957:

(a) by owner Nil

UNFIT HOUSES IN TEMPORARY USE

POSITION AT END OF YEAR

Retained for temporary accommodation:

Under Section 48

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| No. of houses | ... | ... | ... | ... | ... | Nil |
| No. of separate dwellings contained therein | | | | | | Nil |

Under Section 17 (2)

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| No. of houses | ... | ... | ... | ... | ... | Nil |
| No. of separate dwellings contained therein | | | | | | Nil |

Under Section 46

| | | | | | | |
|---|-----|-----|-----|-----|-----|-----|
| No. of houses | ... | ... | ... | ... | ... | Nil |
| No. of separate dwellings contained therein | | | | | | Nil |

Licenced for temporary accommodation under Section 34 or 53

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|-----|
| No. of houses | ... | ... | ... | ... | ... | Nil |
|---------------|-----|-----|-----|-----|-----|-----|

PURCHASE OF HOUSES BY AGREEMENT

Houses in clearance areas other than those included in confirmed orders or compulsory purchase orders

| | | | | | | |
|------------------|-----|-----|-----|-----|-----|-----|
| No. of houses | ... | ... | ... | ... | ... | Nil |
| No. of occupants | | ... | ... | ... | ... | Nil |

No. of families rehoused during the year into Council owned dwellings

| | | | | |
|---------------------------|-----|-----|-----|----|
| (a) Clearance Areas, etc. | ... | ... | ... | 24 |
| (b) Overcrowding | ... | ... | ... | 16 |

RENT ACT, 1957

| | | |
|---|-----|-----|
| (a) No. of certificates of disrepair granted | ... | Nil |
| (b) No. of undertakings to execute repairs given by owners to the local authority | ... | Nil |
| (c) No. of certificates of disrepair cancelled | ... | Nil |

OVERCROWDING

Comments in connection with this problem — None

NEW DWELLINGS

No. of new dwellings completed during the year:

By the Local Authority 10

By Private Enterprise 212

(including 46 Council built houses for sale)

GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

| | Formal applications received during the year | Applications approved during the year | Number of dwellings completed during year |
|--|--|---------------------------------------|---|
| | Number of dwellings | Number of dwellings | |
| (a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work) | Nil | Nil | Nil |
| (b) IMPROVEMENTS | 77 | 76 | 96 |

DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

150 advances — total £165,696.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—Water continues to be supplied by Leeds Corporation and from them in 1962, 391,164,000 gallons were supplied.

Of this quantity, 146,506,000 gallons were used for trade purposes and the balance of 244,658,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 26.2 gallons and for trade purposes 15.7 gallons.

Chemical and Bacteriological samples were taken throughout the year and were in all cases satisfactory. As usual I append typical reports.

Chemical Examination:

| | | | | | |
|--|-----|-----|-----|-----|-------------------|
| Smell | ... | ... | ... | ... | Nil |
| Colour (Hazen) | ... | ... | ... | ... | 25 |
| Free Chlorine | ... | ... | ... | ... | Nil |
| pH | ... | ... | ... | ... | 7.6 |
| | | | | | Parts per million |
| Total Solids, dried at 180° C. | ... | ... | ... | ... | 118 |
| Residue on ignition | ... | ... | ... | ... | — |
| Ammoniacal Nitrogen (as N) | ... | ... | ... | ... | 0.12 |
| Albuminoid Nitrogen (as N) | ... | ... | ... | ... | 0.14 |
| Nitrite Nitrogen (as N) | ... | ... | ... | ... | Nil |
| Nitrate Nitrogen (as N) | ... | ... | ... | ... | 0.45 |
| Chlorine present as Chloride (as Cl) | ... | ... | ... | ... | 19 |
| Oxygen absorbed in 4 hours at 27° C. | ... | ... | ... | ... | 3.0 |
| Temporary hardness (as CaCO ₃) | ... | ... | ... | ... | 19 |
| Permanent hardness (as CaCO ₃) | ... | ... | ... | ... | 49 |
| Total hardness (as CaCO ₃) | ... | ... | ... | ... | 68 |
| Metallic contamination. Iron | ... | ... | ... | ... | 0.55 |
| Flourine | ... | ... | ... | ... | 0.11 |

Report:—Satisfactory apart from the iron content which, although in no way harmful to health, is above the level (0.4 p.p.m.) at which complaints of colour and turbidity are liable to occur.

Bacteriological Examination:Probable numbers
per 100 ml.

| | | | | |
|---------------------|-----|-----|-----|---|
| Coliform bacilli | ... | ... | ... | 0 |
| Bact. coli (type 1) | ... | ... | ... | 0 |

Sewage Disposal.—In an area such as this the great risk is of mining subsidence and a vigilant watch is kept for this type of damage. I am indebted to Mr. A. D. W. Dibble, Engineer and Surveyor, for the following account of the state of progress in the various sewage disposal schemes:—

“(1) Completed during the year:—

Styebank Lane Main Drainage Scheme for the provision of foul and surface water sewers—completed July, 1962.

(2) Under construction at year end:—

Mickletown-Lemonroyd Sewerage Scheme, commenced June, 1961; and provides for a main pumping station at Mickletown to replace the sewerage works, and extensions to Lemonroyd Sewage Works to treat the additional flow. The works were actually almost completed at the year end and nearly ready for testing. (They have since been put into operation).

(3) Awaiting approval at year end:—

Rothwell Main Drainage Scheme, Stage 1, for provision of new trunk sewer from Gillett Lane to “The Mill,” Rothwell and installation of Storm Overflows. Construction expected to commence April, 1963. (The contract for Stage 1 of the new trunk sewer was actually commenced in August, 1963 — the delay between April and that date being due to the contractor’s desire to complete other commitments which had lost time because of the severe winter).

(4) In preparation at year end:—

(a) Rothwell Main Drainage Scheme, Stage 2, for provision of new Trunk and branch sewers from the Mill, Rothwell to Carlton.

(b) Woodlesford Main Drainage Scheme: investigation commenced into the existing and future

drainage requirements for Holmsley Lane and Applegarth are consequent upon extensive new housing development and clearance of property.

- (c) Mickletown Sewerage Scheme, commenced investigation into condition and reliability of existing sewers in this area consequent upon effects of mining subsidence and redevelopment.

Details of any part of the District requiring:—

- (1) Sewers — Outlying and undeveloped areas only —
No.
- (2) Improvement of defective Sewers —
 - (1) Rothwell and Carlton (see 3 and 4a)
 - (2) Woodlesford (see 4b)
 - (3) Mickletown (see 4c)
- (3) Sewage Disposal Works — None.
- (4) Improvement or extension of sewage disposal works — No major works contemplated beyond work now in hand at Lemonroyd.
- (5) Attention to Storm Water Overflow — New overflows required for Carlton and Rothwell (Provided for in Rothwell Main Drainage Schemes (see 3 and 4a).

Adjustment of existing overflow at Oulton Pumping Station. Provided for in Rothwell Main Drainage Scheme (see 3 and 4a).

(signed) A. D. W. Dibble.”

Rivers and Streams.—No complaint has arisen during the year.

Closet Accommodation. Public Cleansing. — These matters are dealt with in the Report of the Senior Public Health Inspector.

Shops and Offices.—Routine Inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's Report.

Swimming Baths and Pools.—There is no swimming bath or pool in this area.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

CASES IN WHICH DEFECTS WERE FOUND
(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

| | | | | No. of cases in which defects were found | | | | Number of cases in which Prosecutions were instituted |
|---|----|----|---|--|----------|-------------------|-------------------|---|
| | | | | Found | Remedied | Referred : | | |
| | | | | | | to H.M. Inspector | by H.M. Inspector | |
| Want of cleanliness | .. | .. | — | — | — | — | — | |
| Overcrowding | .. | .. | — | — | — | — | — | |
| Unreasonable temperature | .. | .. | — | — | — | — | — | |
| Inadequate ventilation | .. | .. | — | — | — | — | — | |
| Ineffective drainage of floors | | .. | — | — | — | — | — | |
| Sanitary Conveniences :— | | | | | | | | |
| Insufficient | .. | .. | I | I | — | — | — | |
| Not separate for sexes | .. | .. | — | — | — | — | — | |
| Unsuitable or defective | .. | .. | I | I | — | — | — | |
| Other offences against the Act (not including offences relating to Outwork) | .. | .. | — | — | — | — | — | |
| Total | .. | .. | 2 | 2 | — | — | — | |

OUTWORK.

| Nature of Work | No. of Out-workers in August list required by Sec. 110 (1) | Section 110 | | | Section 111 | |
|----------------------|--|---|---|---|----------------|--------------|
| | | No. of cases of default in sending lists to the Council | No. of prosecutions for failure to supply lists | No. of instances of work in un-wholesome premises | Notices Served | Prosecutions |
| WEARING APPAREL :— | | | | | | |
| Making, etc. .. | 13 | — | — | — | — | — |
| Cleaning and washing | — | — | — | — | — | — |
| Textile Weaving .. | — | — | — | — | — | — |
| TOTAL .. | 13 | — | — | — | — | — |

FACTORIES ACTS, 1937 to 1959
INSPECTION FOR PURPOSES OF PROVISIONS AS TO
HEALTH.

(Including Inspections made by Public Health Inspector).

| | No. on Register | Number of:— | | |
|---|-----------------|-------------|-----------------|----------------------|
| | | Inspections | Written Notices | Occupiers prosecuted |
| 1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities | 8 | 3 | — | — |
| 2. Factories not included in (1) in which Section 7 is enforced by the Local Authority | 82 | 17 | — | — |
| 3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) .. | 4 | — | — | — |
| TOTAL | 94 | 20 | — | — |

SANITARY INSPECTION OF AREA

Infectious Disease Prevention

| | | | | | | |
|---------------|-----|-----|-----|-----|-----|----|
| Inspections | ... | ... | ... | ... | ... | 12 |
| Disinfections | | ... | ... | ... | ... | 0 |

Milk and Dairies

Inspection of dairies—Nil (Under the jurisdiction of
W.R.C.C.)

Food and Drugs Inspection

| | | | | | |
|-----------------|-----|-----|-----|-----|-----|
| Meat Inspection | ... | ... | ... | ... | 222 |
| Bakehouses | ... | ... | ... | ... | 4 |
| Food Inspection | ... | ... | ... | ... | 54 |
| Water Sampling | ... | ... | ... | ... | 35 |

Housing

| | | | |
|-------------------------------|-----|-----|------|
| Houses inspected and recorded | ... | ... | 930 |
| General Surveys | ... | ... | 2042 |
| Public Health Act Inspections | ... | ... | 700 |
| Revisits | ... | ... | 356 |

Offensive Trades

| | | |
|--------------------------------------|-----|----|
| Inspections of Fat Refining Premises | ... | 22 |
|--------------------------------------|-----|----|

Sanitary Matters

| | | |
|---|-----|-----|
| Inspections of Verminous Premises | ... | 244 |
| Inspections for Rat Infestations | ... | 694 |
| Inspections for New drains | ... | 333 |
| Clean Air Act | ... | 486 |
| Inspection re refuse removal and disposal | | 397 |
| Factories and Workshops | ... | 20 |
| Tents, Vans and Sheds | ... | 18 |
| Number of Statutory Notices (Housing Act and Public Health Acts) | | 79 |
| Number of Nuisances abated on serving Statutory Notices (Public Health Acts) | | 28 |

ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

SENIOR PUBLIC HEALTH INSPECTOR

and

CLEANSING SUPERINTENDENT

for the year

1 9 6 2

Health Department,
Civic Buildings,
ROTHWELL,
Nr. Leeds.

To the Chairman and Members of the
Rothwell Urban District Council.

Ladies and Gentlemen,

I beg to present for your information my 31st Annual Report on the work of the Health and Cleansing Department for the year 1962. In thinking about the preparation of the report it has occurred to me what a difference there is in the subjects which we deal with as the main items in our daily work as compared with 20 or 30 years ago. At the time I wrote my first Annual Report such things as the purity of water supply, the improvement of dairies and milk supply and privy and ashpit conversions were pre-eminent factors. A high standard in the first two and almost total abolition of the third has become accepted and now we are concerned with such things as Noise Abatement and the Provision of Clean Air. It makes one conjecture what will be next when these two items are brought to a satisfactory standard but it is an abstract one to me as our present Clean Air Programme will last until the end of my working days.

The only phase which was present in the 1930's and is still present with us to-day is that of housing and as I seem to have told you in previous reports the elimination of the worst of the houses creates a higher standard and by using this standard and the passage of time the houses which were once one or two steps up the ladder now go to the very bottom.

HOUSING

The slum clearance programme, "The Five Year Plan," has of course been completed for some little time now and we have concentrated our attention on back-to-back houses. We were, however, so far ahead of our re-housing that we had to hold our hands and for that reason there has been no active slum clearance work done in 1962.

The normal routine housing inspection arising from complaints, reports, changes of tenancy, are carried out automatically and there are certain amounts of complaints come from the inspection of houses under the Clean Air Act and about which mention will be made later. The total of these inspections is shown in the attached tables, together with the lists of notices served and the results obtained. We never quite clear up the end of the year and as at the end of other years we showed a balance of notices outstanding but these were cleared up in the course of the following period and other notices came along to take their place.

During 1962, 40 houses were demolished, 24 families and 62 persons being displaced during the currency of the year. A total of 930 primary inspections of houses was made and arising from these inspections 305 informal notices and 55 statutory notices were issued. At the end of the year 293 had been completed, leaving a balance of 67 to be dealt with in the following year.

CARAVANS

There has been no real trouble in this respect during the year. The Council have acquired the Feast Ground land, the main camping ground of this area for many years, and with developments which are taking place, it is unlikely that this will ever be used again for caravans accompanying the fairs and feasts which were held from time to time.

We now operate in rather a different way with the occupiers of the itinerant caravans which we meet from time to time. Although the applications for license are properly made to the Council the first step is that they should obtain Planning Consent and so when we discover any caravans the information is passed through to the Planning Department who check up and if they certify that the application can be entertained (none so far have been), it would come back to us to deal with by license for such details as hard standing, space around vehicles, refuse receptacles, sanitary accommodation and the like. The Law does provide for short stay without licence and this seems to serve the purpose of those people passing through the district.

PUBLIC CLEANSING SERVICE

The shortening of the working week to which I referred in my last report created difficulties which have not been overcome and I am sorry to have to tell you that I cannot claim that the seven days emptying of which we have been so proud for so long has been maintained. True it is often near it and in some districts in some parts of the area it does occur that the seven days emptying is in operation but more often than not, there is an overlap of a day or two which of course brings in weekends and extends the period between the working days by the interposition of Saturday and Sunday.

This gives rise to trouble and we have more complaints about the apparent non-emptying than ever before, but on investigation it generally proves to be that it is the weekend which has interfered with the normal routine.

During 1962 we tested refuse vehicles of the fore and aft tipping type which are of a greater capacity and provide a certain amount of compression by load elevation but these did not prove satisfactory and subsequently I recommended to the Council that a further machine of the 12 cube yard side loading type be purchased. It was ordered in the currency of the Cleansing Year which runs from April to March and at the time of writing has just been delivered and will, I hope, make some little difference to the cleansing service as it will replace a 10 cube yard vehicle. I think that the increase in houses in this area, 222 were built against 40 demolished or closed, will mean that we shall eventually be faced with the necessity of providing at least an extra team.

We still maintain a code of emptying which requires that the dustbins shall be brought out covered with their lids and although I am sure this causes some slight delay in moving each bin, which multiplied by the total number of bins in the district makes a considerable figure, it is still the only hygienic way of transporting refuse so long as the standard dustbin is used. We have examined the possibility of using paper sacks and although this has much to commend it from a hygienic point of view, there are several practical and economic difficulties in the way. First, the paper sacks cost about 4d. each which is more than the present weekly emptying cost per bin. Secondly, I am satisfied that there will be a less loading capacity used on our present vehicles and there may be difficulties disposing of pre-bagged refuse on the refuse tip.

We did a very small experiment with paper sacks inside existing dustbins instead of using the standard paper sack head or stand which costs about the price of a new dustbin, but this was, as we were foretold, not a success. The paper sacks are remarkably tough and resilient when exposed in the proper way but within a dustbin they deteriorate very rapidly and we had the mortification of seeing paper sacks taken out of the dustbins and collapsing, depositing the refuse on the road.

I think, however, an alteration in refuse collection is something that will come and might be one of our "concerns" of the future (see the first paragraph of this report).

Our refuse disposal is on the controlled tipping method and we obtained the Planning Consent for Foxholes Tip, which is the one off Newmarket Lane and also for the Mill land in Rothwell. The Mill was demolished under my supervision and the resultant hole and dam space was tipped over. This provided a useful piece of ground which will become an amenity centre in Rothwell. Before the end of the year, however, it was completed and although there will, I hope, be considerable tipping on land adjacent to the Mill, negotiations are at the moment abortive. We therefore turned our attention to Foxholes Tip and this has provided the main tip at the moment. In obtaining Town Planning Consent, we had to agree to allow a small stream to continue in an open course through the land, which deprived us of a considerable amount of tipping and did not, in my opinion, provide any real Town Planning Amenity as it was our intention to pipe the stream, which in fact is no more than an overflow from swampy land to the natural beck course to which it has seeped for many years. However, we, like ordinary citizens, have to abide by the dictates of the Rivers Board, although I am hopeful that with the provision of a new motorway which is proposed on adjacent land and where obviously the stream will have to be piped, they will agree to us doing the same and we will gain a few more yards of tipping space and make the land we have tipped over a more useful area.

There was near this site another 13 acres of land of a similar nature on the other side of the river and application was made for planning permission, but we discovered that the proposed motorway would occupy a considerable portion of this and so the best we could do was to obtain

two small areas which will give us "breathing time" until we can sort out some more useful tips.

We still allow the two foundries from Leeds to tip their waste in our area which besides being very lucrative also provides excellent cover material for our own refuse. We have many enquiries regarding tipping but the only people we allow to tip are those resident in the area. During the year enquiries were made by three firms, two for the recovery of scrap metal in the foundry refuse, and one for the recovery of fuel from house refuse on tips now disused. We fixed up a tentative contract with one firm for reclaiming the foundry refuse but were told they were waiting for a new recovery machine to be delivered. They are apparently still waiting for it because we have heard nothing from them. The second firm took samples and again we have heard nothing from them. Likewise the coal recovery enquiry apparently petered out after a survey of our tips.

The Fordson Muledozer continues to function satisfactorily and is able to cope with all our disposal works and with the associated trimmings of tip edges and the like. We do have to bring in a larger excavator when we construct roads to the tips.

The refuse vehicles which we have at the time of writing this report are two ten and three twelve cube yard refuse vehicles, a new 12 c. yd. having arrived. The redundant 10 cube yard will act as a spare, the old 7 cube yard being disposed of. There will be an advantage in this in that the 10 cube yard will more adequately serve in place of vehicles which are off the road.

When the Austin Pick-up truck, which we obtained cheaply from the Housing Department in 1961 failed its test, the Committee after consideration replaced it by a Ford 7 cwt. van which provides some mobility for the refuse foreman and a vehicle for the mechanics to go for spares and visit breakdowns. Although it is used by two different sections of the Department there has been no particular difficulty. The Repair Shop still maintains and repairs all the vehicles belonging to the Council and there have been no complaints of holdups for lack of attention or repair.

SEWERS AND DRAINS

As I have told you before we deal with all complaints regarding stoppages in sewers and drains by direct labour, which though unusual amongst Local Authorities, is I am

sure, the most expeditious way of dealing with these occurrences. There is still a close liaison with the Engineer's Department, and the Building Inspector submits to me for observation and comment all plans where drainage is involved.

There were no major troubles in any of the main sewers during the year. A branch from the Coal Board Estate at Oulton needs fairly constant attention due to the fact that it is both out of level and over-taxed, but this is held over for the moment as it will be relaid when a road project is undertaken which will be in the near future.

The sewer which serves Savile Road and Oaksfield at Methley is badly out of level due to mining subsidence and we have to flush this constantly to keep it going. I understand from the Coal Board that there is likely to be much more movement in this area in the next few years and so here again the question of improving the fall or re-laying is held over.

FOOD AND DRUGS

The Slaughter Houses which were licenced under the Slaughter House Act, 1958 have continued without trouble or complaint. There are three — a major one operated by the Local Butchers' Association which deals with the majority of meat consumed in this area; a small pork butchers which is also situated in Rothwell and a still smaller slaughter house in Methley which is practically unused, being only used for the slaughter of the owner's own pigs as and when he breeds them.

Meat inspection is carried out 100% and by the law of averages we have at last had a case of cysticercus bovis which had to go into deep freeze in accordance with the Ministry's instructions. Examination for this disease is routine and we must be extremely fortunate in obtaining our beef from a part of the country where this parasite is not prevalent, as we are singularly free from it.

Towards the end of the year the use of the main slaughter house was increased by the slaughter of cows, which meat was sent to another district for processing before being sold elsewhere. This altered the amount and type of condemnation and it will be noticed in the attached summary that angioma, a disease prevalent in older milk

beasts, and which ordinarily we never see here, forms quite a considerable item. This new project increased our inspections over a period but for some reason which I failed to discover was stopped in the early part of 1963. I still act as Certifying Officer for the material which is rejected at the local Ministry of Food Buffer Depot and we are called in from time to time to shops and institutions to examine food, generally tinned, which is suspect. Appended are the details of the animals slaughtered and the food condemned.

FOOD CONDEMNED AS THE RESULT OF SLAUGHTER HOUSE INSPECTION

| | Weight in lbs. | | | |
|----------------------|----------------|-----|-----|-----|
| Abscesses | ... | ... | ... | 80 |
| Actinomycosis | ... | ... | ... | 40 |
| Angioma | ... | ... | ... | 294 |
| Ascaris Lumbricoides | ... | ... | ... | 52 |
| Cirrhosis | ... | ... | ... | 5 |
| Cysticercus Bovis | ... | ... | ... | 73 |
| Distomum Hepaticum | ... | ... | ... | 638 |
| Hepatitis | ... | ... | ... | 3 |
| Necrosis | ... | ... | ... | 4 |
| Peritonitis | ... | ... | ... | 58 |
| Pleurisy | ... | ... | ... | 25 |
| Tuberculosis | ... | ... | ... | 321 |

Total 1,593 lbs.

FOOD CONDEMNED AS THE RESULT OF SHOP AND BUFFER INSPECTION

| | | | |
|---------------|-----|-----|--------------------|
| Decomposition | ... | ... | <u>76,851 lbs.</u> |
|---------------|-----|-----|--------------------|

DETAILS OF MEAT INSPECTION

| | Cattle excluding Cows | Cows | Calves | Sheep and Lambs | Pigs |
|--|-----------------------------|------|--------|-----------------------|------|
| Number killed ... | 496 | 223 | Nil | 1725 | 873 |
| Number inspected... | 496 | 223 | Nil | 1725 | 873 |
| All diseases except Tuberculosis and Cysticerci — | | | | | |
| Whole carcasses con- demned ... | Nil | Nil | Nil | 1 | Nil |
| Carcases of which some part or organ was condemned ... | 72 | 57 | Nil | Nil | 22 |
| Tuberculosis only : | | | | | |
| Whole carcasses con- demned ... | Nil | Nil | Nil | Nil | 1 |
| Carcases of which some part or organ was condemned ... | 1 | Nil | Nil | Nil | 14 |
| Cysticercosis : | | | | | |
| Carcases of which some part or organ was condemned ... | 1 | Nil | Nil | Nil | Nil |
| Carcases submitted to treatment by refrigeration ... | 1 | Nil | Nil | Nil | Nil |
| Generalised and totally condemned | Nil | Nil | Nil | Nil | Nil |

Method of disposal of condemned food — To knacker's yard for processing.

FOOD HAWKERS

We still register and inspect food hawkers under the provisions of the West Riding (General Powers) Act, 1951. There are 58 vehicles registered for this purpose of which 41 are general food hawkers and 17 are ice cream vendors.

It is still regretted that these vehicles enjoy an exemption from the laws controlling static shops as it provides both unfair competition and nuisance from noise, about which I will comment later,

WATER SUPPLY

During the year 44 bacteriological and 3 chemical samples of water were taken. Some were taken in the early part of the year after there had been negative pressure in the water mains due to a water shortage and the resultant control of supplies. In two samples B. Coli were reported but the water was found satisfactory on re-checking.

Towards the end of the year the question of the addition of flouride to water supplies was under consideration and as a matter of information we took three samples for examination for flouride. These were recorded at 0.08; 0.09 and 0.11 parts per million, respectively. In two samples, iron of 0.55 and 0.46 parts per million were recorded which although unusual was not in any way significant.

All water supplies in this area are now under the control of the Leeds Corporation Water Works Department and we forward to them any complaints which we receive and also the results of our sampling. The chemical samples are analysed by Mr. Dalley, Leeds City Analyst, and the bacteriological samples at a Ministry of Health Laboratory at Wakefield. In both departments we receive all the help, advice and co-operation possible and my thanks are expressed to them for this continued service.

SHOPS ACTS

The operation of the above Acts gives very little trouble and it has not been necessary to do any routine observations for the purpose of checking hours of closing. As I commented in previous reports most shopkeepers are glad to close by the appointed time and it is only the little general shopkeepers who are permitted to stay open to sell certain commodities where any transgressions may arise and if we see any flagrant disregard to the law it

our duty to at least warn the offenders but it is difficult to appear fair when mobile shops can operate at the door step of the fixed shops at any hour of the day or night.

Only two inspections were necessary for the purpose of the Shops Acts other than hours of closing and the members can be satisfied that the trade operated in Rothwell is to as high a standard as anywhere else in the country.

CLEAN AIR

In my last report I "cheated" by commenting about something which should be properly included in this report, that in early 1962 my representation of two Clean Air Zones was accepted and so I am glad to report to you now that during the currency of this year a considerable amount of progress has been made and a lot of time devoted to the establishment of these areas.

Those authorities who were the earliest to adopt Clean Air Zones have acquired the required information in different ways, by postal survey, estimation or individual inspection, but we decided here that in the earlier areas at any rate the best way was to do an individual inspection of each and make a record card for every house and this was done with the exception of the Council houses of which details are already known. In total this involved inspecting 637 houses and as you see from the summary figures 486 inspections were made for this purpose. This work though tedious and time absorbing has proved its value and we coupled this intensive survey with a series of public meetings held in Rothwell and Methley where films supplied by various organisations were shown and, additionally, a small exhibition by the Local Electricity and Gas Boards was arranged and where I spoke on the subject of Clean Air for some little time and afterwards (probably the most useful part of the whole meeting) answered questions.

All this was done during the time prior to the last date for objections, and it is interesting to record that ultimately there was only one objection received from the householder who was prevented by illness from attending the meeting. I saw him personally and after a long discussion (another little meeting in fact) he withdrew his objection. The Orders were confirmed and will come into force on September 1st, 1963.

The work of conversions will be properly subject for the next report but I would comment on one or two apparent anomalies which have arisen. Direction as to the method of lighting leaves something to be desired. The Ministry suggests that a top figure for introducing gas or electricity for ignition should be in the region of £12 and that any house where gas cannot be brought in is to be considered for exemption. This has already caused some little dissension amongst the various occupiers, and for a time I wondered whether the Ministry were serious about the Clean Air project or whether it was guided by economics.

At a recent meeting at which we had benefit of comments by an officer from the Ministry it appears that they regard the ones who have to use sticks and papers as the unfortunates but this is not the opinion generally felt in this part of the area. I think that had the method of lighting been left open to individual choice, with grant payable on approved forms, this would have been the easier way because the question of lighting seems to have caused more trouble than any other part of the scheme.

In Rothwell we were amongst the very first who introduced the new building bye-law brought about under the Clean Air Act which requires that fireplaces in new houses and buildings subject to bye-law approval should be of a type suitable for burning smokeless fuel, but no mention was made of ignition and now the owners of post 1956 houses who have approved grates but no form of ignition are faced with having to bear the cost of providing special forms of ignition without being able to claim grant.

The question of concessionary coal which held up our schemes in Rothwell for some years still is a thorny problem and although I am reminded sharply by those concerned with it that it is an agreement between the employer and employees and has nothing whatever to do with the Local Authority (a statement with which I concur) it does provide an added problem in mining areas, especially as it appears that the offer ultimately made by the Coal Board is not so guileless as it would appear. In fact if the recipients of the allowance cannot burn the hard fuel which the Coal Board supply they have to pay the difference in cost between that and a more re-active fuel, which seems an odd way of honouring a concession. The only time when monetary grant is made is if the miner lives in an all electric or all gas house.

At the Clean Air Exhibition at Harrogate towards the end of 1962 I was intrigued by a type of underfloor draught fire unit which, it was claimed, would burn hard fuel and as the result of inspections outside and detailed examinations and tests which were made early in 1963 the Council decided to adopt the use of this form of fireplace in an estate under construction, which is a very satisfactory way of dealing with the problem of hard fuel and which shows the keenness and interest which the Council as a body take in such matters and will, I think, redound ultimately to their credit.

At this stage I would like to say how grateful I am that the Health Committee and the Council are so tolerant of my ideas, and experiments, which gives me a still greater enthusiasm for the work which I have to perform.

PUBLIC CONVENIENCES

There are still eight public toilets of one sort or another in the area, five being under the direct control of this Department and the other three provided and maintained in the Parks by the Parks Department. All these conveniences which have a much greater use since the introduction of directions signs, have not suffered from any more damage or mis-use than is usual, although there is the occasional interference which causes inconvenience when the apparatus itself is damaged or made out of order.

The new conveniences at Lofthouse were ordered during the currency of the year but will not be completed until half-way through 1963 due to the hold up of building caused by the severe winter.

PUBLIC MORTUARY

This building at the rear of the Council Offices has performed its macabre function satisfactorily throughout the year and there have been no complaints regarding its use.

PREVENTION OF DAMAGE BY PESTS ACT

We still operate under this enactment and during the year 694 inspections were made, which is less than the previous year, perhaps an indication that the work we do is slowly but quietly having its effect, although I am sure that rats and mice, like the poor, will be always with us.

NUISANCES

In past years nuisances were regarded as insanitary premises, stopped drains, accumulation of manure and similar odorous things but the section of the law which deals with them has been used to cover many other matters which for want of a better term we might call "modern nuisances."

The Noise Abatement Act, 1960 cites as a nuisance, advertising chimes which are sounded at an excessive level but also prohibits the use of such chimes before midday and after 7.0 o'clock in the afternoon of any day. The chief offenders in this respect are the itinerant purveyors of ice cream and I suppose it is a nuisance to the householder when the chimes of one machine hardly die away before the chimes of another are sounding in their ears.

I know from experience that this can be annoying and although a single chime may be melodious, to hear it a dozen times or more each hour for a period of an afternoon is to say the least annoying.

As is our practice we try to obtain the co-operation of persons likely to be affected by any enactment and as mobile hawkers are in any case registered we took the opportunity of advising the owners of the implications of the Noise Abatement Act and asking for their co-operation. Many offences were noticed and several warnings were given but the nuisance continued (I suspect that the roundsmen are paid a bonus on their sales and are therefore prepared to take a risk) and it was necessary to institute proceedings. Both the driver and his employers were summoned and although we did not secure a conviction against the firm for aiding and abetting, the effect generally was salutary and helped to reduce the amount of nuisance caused.

The other noise nuisances which I referred to in my last report, in particular the broiler house and the fan at the local fat works, have not caused any trouble during the currency of this year. The complaints regarding the roosting of pigeons has not again been made. I think the residents cannot make up their minds whether it is worse to have the pigeons shot or to tolerate the nuisance they cause. Once pigeons are established they are very difficult to eliminate entirely but the Pests Department from Leeds

Corporation visit from time to time and remove all they can.

STATISTICAL RECORD

As is customary I append a list of visits and inspections and a summary of the works carried out which as usual is statistically correct whether it shows to our advantage or otherwise.

Visits and Inspections

| | | | | |
|------------------------------------|-----|-----|-----|-------|
| Clean Air Act | ... | ... | ... | 486 |
| Demolition of houses and buildings | ... | | | 133 |
| Factories and Workshops | ... | ... | | 20 |
| Food Examination | ... | ... | ... | 276 |
| Food Premises | ... | ... | ... | 78 |
| Hairdressers and Barbers | ... | ... | | 8 |
| Housing Acts | ... | ... | ... | 930 |
| Housing Acts (Re-inspection) | ... | ... | | 1,112 |
| Infectious diseases | | ... | ... | 12 |
| Offensive Trades | ... | ... | ... | 22 |
| Pertroleum Storage | ... | ... | ... | 32 |
| Plant Maintenance | ... | ... | ... | 269 |
| Prevention of damage by Pests Act | ... | | | 694 |
| Public Cleansing Service | ... | ... | ... | 397 |
| Public Conveniences | ... | ... | ... | 182 |
| Public Health Acts | ... | ... | ... | 700 |
| Public Health Acts (Re-inspection) | ... | | | 356 |
| Sanitary Accommodation | | | | |
| (Conversions or Improvement) | ... | | | 19 |
| Septic Tanks and Cesspools | ... | ... | | 17 |
| Sewers and Drains Inspected | ... | ... | | 665 |
| Sewers and Drains Tested | ... | ... | | 333 |
| Shops Act | ... | ... | ... | 2 |
| Shops Act (Hours of Closing) | ... | ... | | 0 |
| Tents, Vans and Sheds | ... | ... | ... | 18 |
| Vermin | ... | ... | ... | 244 |
| Water Sampling | ... | ... | ... | 35 |
| Miscellaneous | ... | ... | ... | 310 |

7350

Summary of Works carried out:—

| | | |
|--------------------------------------|--------|----|
| Ceilings repaired or replastered | ... | 14 |
| Walls repaired or replastered | ... .. | 16 |
| Windows repaired or renewed | ... .. | 16 |
| Doors repaired or renewed | ... .. | 9 |
| Fireplaces repaired or renewed | ... .. | 20 |
| Floors repaired or renewed | ... .. | 19 |
| Sinks renewed | ... .. | 7 |
| Sink waste pipes repaired or renewed | | 6 |
| Washing coppers renewed | ... .. | 0 |
| Food stores repaired or altered | ... .. | 2 |
| Roofs repaired | ... .. | 86 |
| Chimney stacks repaired | ... .. | 25 |
| Eavesgutters repaired or renewed | ... .. | 29 |
| Rainwater pipes repaired or renewed | ... .. | 15 |
| Walls repaired or repointed | ... .. | 13 |
| Water services repaired or renewed | ... .. | 3 |

STAFF

The Staff of the Department is shown in detail at the front of the Report which gives the position at the end of 1962. There have in fact been considerable changes this year. The new clerk about which I spoke last year has been with us during the whole of the year and as I hoped a senior and more efficient assistant has been of invaluable service in the Department.

Mr. Hall, the Trainee Inspector, completed his training and qualified in November and on the day which we received notice of his qualification we also lost Mr. Kilburn who was appointed to the post of Housing Manager, and so narrowly the qualified staff in the Department was maintained, which is perhaps a small tribute to the policy of training a pupil up to a qualified standard. We suffered from the fact that I had hoped to have retained Mr. Hall as a qualified Inspector for some time at least but the Housing Department's gain was our loss and Mr. Kilburn who was eminently suitable for the position, having spent some time in the Housing Department before coming to us, went to his new appointment with our good wishes.

Arrangements were put in hand immediately for the appointment of a trainee but this was not effected during 1962. The appointment of a newly qualified Inspector in place of an experienced one has meant some re-organisation in the Department and the brunt of the extra work has fallen on the shoulders of Mr. Idle, who has accepted this in his usual capable way.

Up to the time of these changes, however, there was almost 12 months of real efficient work in which the whole staff worked together as a team and much work was done in the new field of Clean Air. My thanks are expressed to them for their loyalty and co-operation.

To the Medical Officer of Health, Clerk of the Council and all other officers of the Council my thanks are tendered for their help, advice and co-operation and to my own Committee, the Health and Cleansing Committee, again I am happy to say there has been complete co-operation and understanding of my wishes and desires, the effect of which may not always be apparent at the time they are made.

I am, Mr. Chairman and Members,

Your obedient servant,

THOS. WILSON,

Public Health Inspector.

